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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1932.

COMMISSIONER

GEORGE M. KLINE, M.D. Beverly

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D. Boston

CHARLES G. DEWEY, M.D. Boston

SAMUEL KALESKY Boston

ASSISTANT COMMISSIONER

WINFRED OVERHOLSER, M.D. Wellesley Hills

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council:

The undersigned, Commissioner of the Massachusetts Department of Mental Diseases, respectfully submits the thirteenth annual report for the year ending November 30, 1932. The matters relating to general statistics, however, cover the year ending September 30.

GEORGE M. KLINE,
Commissioner.

SAMUEL KALESKY,

CHARLES G. DEWEY, M.D.
HENRY M. POLLOCK, M.D.
Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

Duties of the Department.

The Department has general supervision of all public and private institutions for the mentally ill, feeble-minded, epileptic and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distributions and transfers of patients between them, deportation of patients to other states and countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department; and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

Mr. Samuel Kalesky, who was appointed Associate Commissioner on July 1, 1931, to fill the unexpired term of Mr. John B. Tivnan, deceased, was reappointed for a term of four years beginning September 3, 1932.

Changes in Personnel.

C. STANLEY RAYMOND, M.D.

Dr. C. Stanley Raymond, formerly Assistant to the Commissioner in the Department, was appointed to the position of Superintendent of the Wrentham State School on May 1, 1932, to succeed Dr. George L. Wallace, deceased.

Dr. Raymond was graduated from Tufts College Medical School in 1906. He served as Assistant Physician at the Northampton State Hospital for six years following graduation, and for two years was Senior Physician at the State Infirmary, Tewksbury, Massachusetts. In December, 1915, he was appointed Assistant Superintendent of the Walter E. Fernald State School, Waverley, Massachusetts, serving under the late Dr. Walter E. Fernald, in which position he remained until June 1, 1929, when he was appointed Assistant to the Commissioner, Department of Mental Diseases.

Dr. Raymond was married at Watertown, Conn. in 1912, to Dr. Mabel Crutten-den of that town. There are three sons, — Thurber, Milton, and Bradley.

Dr. Raymond is a member of the Massachusetts Medical Society, the American Medical Association, the American Association for the Study of the Feeble-minded, The New England Society of Psychiatry, the American Psychiatric Association, the Massachusetts Psychiatric Society, the Belmont Medical Club, and the Waltham Medical Club.

He has done publicity work in behalf of the feeble-minded in two provinces of Canada at the invitation of the Mental Hygiene Society of Nova Scotia and of the Social Service Council of Ontario. He has published a number of articles dealing with the problem of mental defect.

ANNA M. ALLEN, M.D.

On June 1, 1932, Dr. Anna M. Allen, Pathologist at the Danvers State Hospital, was appointed Pathologist for the Department, to succeed Dr. Myrtelle M. Canavan who has been filling the position temporarily since the resignation of Dr. Marjorie Fulstow on September 1, 1931.

Dr. Allen was graduated from Dublin University, Dublin, Ireland, and received her M. D. degree from the Medical College of the Royal College of Physicians and Surgeons, Dublin, in 1925. She also holds the degree of Doctor of Public Health. For three years she served on the medical staff of Mercer's Hospital in Dublin, later coming to the United States where she was employed in the research laboratories of the Mennen Company of Newark, New Jersey. In November, 1930, she was appointed to the position of Pathologist at the Danvers State Hospital, which position she held until her transfer to this Department.

On July 1, 1932, Dr. Allen was granted a leave of absence for one year, for further study abroad.

MYRTELLE M. CANAVAN, M.D.

On July 1, 1932, Dr. Myrtelle M. Canavan was appointed Pathologist for the Department, for a temporary period of one year during the leave of absence of Dr. Anna M. Allen.

RAYMOND A. KINMONTH, M.D.

Dr. Raymond A. Kinmonth, Acting Superintendent of the Wrentham State School, was appointed Assistant to the Commissioner of this Department on July 11, 1932, to succeed Dr. C. Stanley Raymond, who was appointed Superintendent of the Wrentham State School.

Dr. Kinmonth was born in Montville, Connecticut. He received the degree of M. D. from Tufts College Medical School in 1921. Following graduation he served one year as resident physician and City Bacteriologist, Manchester City Hospital, Manchester, New Hampshire. On July 1, 1922, he was appointed Assistant Physician on the staff of the Wrentham State School, Wrentham, Mass., and on September 15, 1924, was promoted to the position of Senior Physician. On the death of the Superintendent, Dr. George L. Wallace, on July 3, 1930, Dr. Kinmonth was made Acting Superintendent and served in that capacity until the appointment of Dr. C. Stanley Raymond as Superintendent on May 1, 1932, on which date Dr. Kinmonth was appointed Assistant Superintendent.

Dr. Kinmonth is a member of the Thurber Medical Society, New England Society of Psychiatry, Massachusetts Psychiatric Society, and the American Association for the Study of the Feeble-minded. He was formerly a member of the Manchester Medical Society, the New Hampshire State Medical Society, and the American Medical Association.

During the World War Dr. Kinmonth served with the Medical Department, 101st Field Artillery, 26th Division.

Dr. Kinmonth was married to Miss Daisy Myer of Brooklyn, New York, and has one son.

DEATH OF DR. THEODORE A. HOCH

Dr. Theodore A. Hoch, Superintendent of the Northampton State Hospital, died on August 4, 1932, following a three days' illness. He was taken ill soon after returning from a months' vacation.

Dr. Hoch was born in Niles, Michigan. He was graduated from the Medical Department of the University of Michigan in 1900.

The following resolutions on the death of Dr. Hoch were adopted by the Department:

"Whereas, In the untimely death of Dr. Theodore A. Hoch, Superintendent of the Northampton State Hospital, the Commonwealth has lost the valued services of one whose association with her hospitals covers a period of thirty-two years,

Be it Resolved, That in the passing of Dr. Hoch at the age of fifty-four, the Commissioners of the Department of Mental Diseases feel a particular sense of loss. His connection with Massachusetts began in 1900 at the Worcester State Hospital — where he remained for twelve years — and for the last six of those years was Assistant Superintendent. His appointment as First Assistant Superintendent of the McLean Hospital followed in 1912 and continued for over thirteen years. In January, 1926, he was made Assistant Commissioner of the Department of Mental Diseases — which position he held until appointed to the Superintendency of Northampton State Hospital in February 1930. Dr. Hoch had excellent executive qualifications and balanced judgment. Outstanding was his consideration of the needs of patients and employees — his quiet and effective way of obtaining results — his success in winning the confidence of his associates — his sympathy and patience with those with whom he came in contact. Of him it might be said — he had a kind and understanding heart — a brave and cheerful spirit. We rejoice in the qualities of mind and heart that endeared him to his friends. We grieve that we have lost his gracious influence. We had hoped that for many years he would have been privileged to minister to his fellow man. Be it further

Resolved, — That these resolutions be spread upon the Record — and that a copy thereof be sent to Mrs. Hoch."

DEATH OF MR. ELMER A. STEVENS.

Mr. Elmer A. Stevens, Associate Commissioner of the Department, died on August 10, 1932. For some months he had been confined to his home with heart trouble.

The following resolutions on the death of Mr. Stevens were adopted by the Department:

"Whereas, One who has been an honored member of our Commission has been taken from us,

Be it Resolved, — That the Commissioners of the Department of Mental Diseases appreciate that in the passing of Mr. Elmer A. Stevens, Massachusetts has lost the benefits of the ripe years of his experience. An original member of the Commission appointed in 1916 he served with fidelity and loyalty. His public career extended over a period of years. Elected to the Somerville Common Council in 1895, a member of the Massachusetts House of Representatives in 1896-1904 and 1905 and a State Senator in 1906-1909, he became familiar with the legislative phase of government. By virtue of over five years as State Treasurer of Massachusetts he possessed a wide knowledge of the functions and operations of the Commonwealth. His long years in the banking industry as one of the organizers of the Massachusetts Trust Company and later as Vice-President of the Atlantic National Bank — made him an authority on financial matters.

Outwardly unassuming, always cordial — he possessed a whimsical quality that will ever remain a delightful memory to his associates.

Individually we make mention of our personal regard — and as friend and member, Elmer A. Stevens will be sadly missed in the deliberations of this Commission. Be it further,

Resolved, That these Resolutions be spread upon the Record and that a copy thereof be sent to the family of Mr. Stevens."

Activities of the Department.

THE METROPOLITAN STATE HOSPITAL.

During the year, 164 patients were transferred from other institutions under the Department to the Metropolitan State Hospital, that institution not yet being ready to receive patients admitted from the community. On November 30, 1932, there were 1,230 patients under care at this institution.

Additional properties have been purchased, and the construction development of the institution has continued, as noted in the Report of the Department Engineer.

THE NEW SCHOOL FOR THE FEEBLEMINDED.

On December 21, 1931, the Department submitted to the Governor and Council for approval, in accordance with Section 8, Chapter 123, of the General Laws, a report, with recommendations, dealing with the site selected last year for a new school for the feeble-minded in Andover, Massachusetts.

Attention was called to the fact that the amount available to the Department, namely, — \$125,000 for the purchase of a site, was insufficient, and that if the Department's recommendation was approved, an additional appropriation of \$185,000 would be required to take up the optional agreements which would expire on May 2, 1932, and to pay the necessary incidental expenses.

Executive approval of the site was not granted, however, and accordingly the Department notified the owners of the land upon which options were taken that the site would have to be abandoned.

No further consideration was given during the year to the selection of another site for a school.

SUPPLYING PATIENTS WITH CORRECTLY FITTED SHOES.

In the annual report of the Department for last year, attention was called to a plan initiated for supplying the patients in the state institutions under the Department with correctly fitted shoes.

Work on this project has continued, under the direction of Mr. Elmer J. Bliss, the originator of the Resco Footsize Measuring System. A survey of the feet of all patients has been completed, the size and width of each patient's foot recorded, and copies of the data obtained have been furnished to each institution and to the Department.

The Department of Correction, from whom the institutions are required by law to purchase shoes, now has a complete line of lasts for all styles, sizes and widths of shoes required for permanent stock at each institution, and orders are placed with that Department for shoes in accordance with the requirements as to sizes and widths predetermined by the survey.

STATE INSTITUTIONS AS TRAINING CENTERS IN PERSONNEL.

The Department continues to encourage strongly the use of its facilities for the training of personnel. Officers of the Department and staffs of the various institutions are actively engaged in the teaching of psychiatry in its many aspects to medical students of Boston University School of Medicine, Harvard University Medical School, and Tufts College Medical School. All fourth year students in medicine at Boston University and Tufts College are required to spend a month in residence, or a summer's equivalent, as Clinical Assistants in one of the mental hospitals, — thus supplementing their theoretical with closely supervised practical training and gaining a more thorough understanding of modern methods of hospital treatment. Students and graduates in medicine and allied sciences from other parts of this country and abroad, come to Massachusetts State institutions for special training and advice in planning their careers.

Courses in special branches of psychiatry are arranged by the Department for physicians, social workers, occupational therapists, hydrotherapists, physiotherapists, students in these specialties, and student nurses from approved general hospitals. Training schools are conducted for nurses who are to engage in both general and mental nursing in the community. Special hospital departments and laboratories furnish highly developed techniques in research study for physicians and technicians.

During the year a course in physiotherapy for physicians was attended not only by representatives from the Massachusetts institutions, but also by visitors from Federal hospitals in Massachusetts and from private hospitals in other New England States. An informative course in behavior problems in children, and allied subjects, was offered to physicians at the various institutions under the Department who conduct out-patient and school clinics in their districts. A conference dealing with the most effective methods in hydrotherapy was widely attended by physicians, hydrotherapists, and nurses from private, public and mental institutions in the New England States.

MENTAL CONDITION OF PERSONS COMING BEFORE THE COURTS.

During the past year a considerable increase has been noted in the number of calls for the mental examination of persons coming before the courts of the Commonwealth. For the year 1932 there were, for example, 929 cases reported under the "Briggs Law" (Section 100A, Chapter 123, General Laws); of these, 825 were examined. These examinations were made before trial with a view "to determine his (the defendant's) mental condition and the existence of any mental disease or defect which would affect his criminal responsibility", the procedure being automatic and dependent upon the previous record of the defendant. This number represents a substantial increase over the preceding year.

A considerable increase has likewise been noted in the requests for mental examinations emanating from the various courts (civil and criminal) and issued at the discretion of the presiding justice (Section 99, Chapter 123, General Laws). During 1932, such examinations reported numbered 67.

It should be recorded here that under the provisions of Chapter 215, Acts of 1931, a mental and physical examination is required before the commitment of any juvenile delinquent. For the purpose of administering this law, each hospital has been assigned certain courts for which it performs the required examinations.

MENTAL AND PHYSICAL EXAMINATIONS OF CHILDREN BEFORE BEING COMMITTED AS DELINQUENTS.

The following rules and regulations were adopted by the Department in carrying out the mental and physical examinations of children before being committed as delinquents, as provided for by Chapter 215 of the Acts of 1931:

1. The purpose of the law is to give the presiding justice of the juvenile session information regarding the physical, mental and social assets and liabilities of the child adjudged delinquent, for his guidance in disposition, and, in the event of commitment, for the information of the superintendent of the institution to which commitment is made.

2. Examination of a child adjudged to be delinquent is required by Chapter 215, Acts of 1931, prior to commitment only. This service should be requested in all cases of serious delinquency and before decision as to commitment is made.

3. The probation officer of each juvenile court or session shall notify the superintendent of the state hospital or state school which serves his court whenever a child adjudged to be delinquent is being considered for commitment. The superintendent shall in turn authorize a physician or a clinic to make the regular physical and mental examination. In case of the Boston Juvenile Court, this notice may be sent to the Judge Baker Foundation.

4. Reports are to be made on prescribed forms (D.M.D. No. 253) and are to be sent to the court in duplicate, one copy to remain in the court, and the other to accompany the child to the institution when and if he is committed. A third copy is to be filed with the institution serving as a central registry for the district.

5. The examination should be made as soon as possible after the request is received, in order that prolonged custody of the child may be avoided.

6. The probation officer's record should be utilized in the study of the family, social, and environmental factors, and in getting facts concerning previous delinquencies and present offense. Wherever possible a psychiatric social service investigation should be made.

7. Wherever accredited psychiatric clinics are available the utilization of such examining facilities is recommended with the understanding that the reports will be rendered by the Clinic on the regular D. M. D. forms and in accordance with the provisions of paragraph four above.

8. The school examination should be made on the basis of forms used in school clinics (D.M.D. Form A-106).

9. Psychometric tests, when applied, should be made according to the Stanford-Binet or other standard methods and to avoid confusion the Intelligence Rating should be figured on the basis of a sixteen year upper level.

It is difficult to say to what extent the reports have affected the manner of disposition of the cases; it may well be that no substantial change, — except, perhaps, a further use of probation, — can be made until further facilities for classification of juvenile offenders become available. Certainly, however, the practice of making these examinations will furnish data hitherto unobtainable regarding the mental condition of juvenile offenders, and will likewise emphasize the need of individualization in disposition.

The Department realizes that certain practical obstacles to a smooth functioning of the law exist, and welcomes suggestions from the Courts and other interested officials as to ways in which the administration of the statute may be improved.

SERVICE OF LEGAL PROCESS UPON INSANE, MENTALLY DEFECTIVE AND EPILEPTIC PATIENTS, AND THE EXECUTION OF INSTRUMENTS BY THEM.

The following regulation relative to the service of legal papers upon patients in the institutions under the Department and the execution of instruments by them was adopted by the Department, and a copy forwarded to each of the institutions under the Department:

1. The superintendent or officer in charge of each institution for the care and treatment of the insane, mental defectives, and epileptics, is hereby directed not to permit the service of any legal process, other than citations for probate of wills, letters of administration or applications for intermediate or final settlement of accounts of guardians or conservators or final accountings in probate courts, or such as may be instituted for the appointment of guardian or conservator upon any insane, mentally defective or epileptic patient, except upon order of a court of this Commonwealth or a Federal Court.

At the time of the service of any process upon a patient, the nature of the process, the date of the same, name of the court out of which it is issued, and the date of its service must be entered in the history of the patient in the case record, and a copy of the process served and a copy of the judge's orders, if there be one, must be filed with the papers relating to the patient; a copy of the process, or an explanatory letter, must be forwarded at once to the guardian or conservator of the patient, if there be one, or, if there be no guardian or conservator, then to the nearest known relative or next friend.

At the time of the service of a process, the superintendent, one of his assistants or the officer in charge shall be present, and the terms of this order are to be complied with strictly.

2. Except as otherwise provided by this order, no insane, mentally defective or epileptic patient shall be permitted to sign any bill, check, draft or other evidence of indebtedness; to make a will; or to execute any contract, deed, mortgage or other legal conveyance, except upon the written order of the Department of Mental Diseases or of a judge of a court of the Commonwealth, or a Federal Court, showing that the judge had notice of the fact that the person whose signature is sought to be obtained was at the date of the order an inmate of an institution for the care and treatment of the insane, mentally defective or epileptic. A patient in a State institution may endorse checks without reference to this order if the money is to be deposited in the institution's office to be made available for the patient's use.

3. A copy of this regulation shall be posted in a conspicuous place in the office of each institution.

COMMITTEE ON DENTAL AND BEAUTY PARLOR ACTIVITIES.

At a meeting of the Superintendents held on April 4, 1932, the Commissioner of the Department appointed the following Committee on Dental and Beauty Parlor Activities:

Dr. Charles E. Thompson, *Chairman*
Dr. Earl K. Holt

Dr. Theodore A. Hoch
Dr. Ramson A. Greene

The following report of this Committee, submitted under date of May 21, 1932, was approved and adopted by the Department, and a copy forwarded to the state institutions under the Department:

Dental Practice

1. Plate work, special fillings, etc., should be paid for by relatives or friends where there are such who are able to pay.
2. That an estimate of the cost should be obtained in advance but not including any fee of the dentist regularly employed at the hospital.
3. That monies received should be paid to the institution treasurer.
4. Such monies should be handled in the patient's account.

It was the unanimous opinion of the Committee that where there are no relatives or friends who are able to pay for necessary special work, that this work be provided by the hospital.

A further question considered by the Committee which was not included in the questionnaire was:

Whether dentists employed full time by the hospital should do work for the employees even though such work was done on the dentists' own time.

Your Committee was unanimous in the opinion that inasmuch as a dentist is employed full time for the benefit of the patients, he should do no work for employees, even on his own time. It was however recognized that cases requiring emergency treatment would present themselves occasionally and that attention should be given these, but only upon order of the attending physician.

Beauty Parlor Practice

Your Committee was unanimous, as in the case of dental practice, that beauty parlors have been established for the benefit of patients, not employees, and that work for employees, even on the operator's time off, should not be permitted.

Barber-Shop Practice

Although this was not referred to the Committee for study, the question of the use of barber shops is identical with that of the beauty parlor, and the Committee considered this and were unanimous in recommending that inasmuch as a barber is employed at each hospital for the benefit of the patients, no work should be done for employees, even on the time off of the barber.

The Use of X-Ray for Employees

Questionnaires sent to each hospital and replies received were submitted to the Committee. An analysis of these shows that it is the custom of all hospitals to provide X-Ray examinations of employees where indicated in accident or disease, without charge. This is done upon prescription of a physician or the dentist. In only one instance does the employee pay for dental X-Ray examination where work has been done by the dentist privately.

Your Committee recommends that X-Ray examinations be done only upon order of the attending physician and that no work of a private nature be done.

Your Committee appreciates that in certain hospitals these recommendations, if adopted, would work some hardship, but it was felt that the employees who operate these departments are employed for the benefit of the patients, not employees, and that all materials are purchased for the use of patients and should not be used for employees, and that except in case of emergency employees should have their work done in established offices away from the hospital just as do those who live and work in the community.

General Matters.**DEPORTATIONS.**

There were considered 218 cases in 1932, in comparison to 262 of the previous year. The Department deported 107 to other states and 5 to other countries, 112 in all. The United States Commissioner of Immigration, in addition, deported 16. Altogether 128 have been deported since December 1, 1931.

Since October 1, 1898, 4,353 persons have been deported by this Department.

Details of the disposition of cases under consideration for deportation are shown in Table 123.

NEW LEGISLATION — 1932.

Chapter 6. — Resolve Providing for an Investigation Relative to County Training Schools.

Resolved, That the commissioner of public welfare, the commissioner of public health, the commissioner of education, the commissioner of mental diseases, the chairman of the commission on administration and finance and the county personnel board, acting jointly, are hereby authorized and directed to investigate and ascertain whether the facilities provided by county training schools are now being fully made use of, and if not, for what other purposes the same might be conveniently and advantageously used. Said joint board shall report to the general court its findings, and its recommendations, if any, together with drafts of legislation necessary to carry the same into effect, by filing the same with the clerk of the house of representatives on or before December first in the current year. (*Approved April 11, 1932.*)

Chapter 8. — Resolve Providing for an Investigation Relative to the Matter of Hospital Accommodations for the Criminal Insane.

Resolved, That the commissioner of correction, the commissioner of mental diseases and the chairman of the commission on administration and finance, acting jointly, shall investigate the matter of hospital accommodations for the criminal insane. It shall consider whether it is advisable that accommodations for said purpose should be provided for elsewhere than at the institution where now provided, and if so, what other locations are available for said purpose, giving special consideration to property owned by the Commonwealth. It shall also consider the advisability of transferring the control of said accommodations, wherever located, to the Department of Mental Diseases or to some other Department of the Commonwealth. The joint board shall report to the general court the results of its investigation, and its recommendations, if any, together with drafts of legislation necessary for carrying the same into effect, by filing the same with the clerk of the House of Representatives on or before December first in the current year. (*Approved April 11, 1932.*)

Chapter 85. — An Act Relative to the Qualifications of the Third Physician Appointed for Additional Medical Testimony in Certain Proceedings for Commitment of Persons Alleged to be Insane.

Be it enacted, etc., as follows:

Section fifty-two of chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after the word "thereon" in the third line the words: —, who shall be a physician who has had practical training in psychiatry, if one is available, — so as to read as follows: — *Section 52.* If in the opinion of the judge additional medical testimony as to the mental condition of the alleged insane person is desirable, he may appoint a third physician to examine and report thereon, who shall be a physician who has had practical training in psychiatry, if one is available. The fee for making such examination and report shall be four dollars, and twenty cents for each mile traveled one way. (*Approved March 15, 1932.*)

Chapter 204. — An Act Relative to the Disposition of Unclaimed Belongings at Certain State Hospitals, Known as "Patients Valuables."

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section thirty-nine A, inserted by chapter one hundred and seventy-six of the acts of nineteen hundred and thirty, the following new section: — *Section 39B.* Property, known as "Patients' Valuables," belonging to, or deposited for the benefit of, former patients of any state hospital, which shall have remained unclaimed for more than one year, shall be disposed of as hereinafter provided, by the superintendent of such state hospital and a representative of the department designated by it, acting as a special board for said purpose, but only if all known next of kin of the former patient shall have been notified in writing by the said superintendent. The board shall ascertain whether the property has any sale value and, if so, shall solicit from at least three reputable dealers in like property offers for the purchase thereof, and shall sell the same to the dealer offering the highest price. The proceeds of such sale shall be added to the funds of the hospital known as "Patients' Funds" and shall be disposed of as provided in section thirty-nine A.

The board may dispose of such of said property as, in its opinion, has no sale value, or any of said property for which no offer, solicited as aforesaid, has been received, in such manner as it may deem proper. A complete record of each transaction hereunder shall be made and signed by both members of the board and filed with the other records at the hospital relating to the former patient whose property shall have been disposed of as aforesaid. (*Approved May 4, 1932.*)

The Reports of the various Divisions and Committees of this Department follow in order.

GEORGE M. KLINE, *Commissioner.*

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS To the Commissioner of the Department of Mental Diseases:

The Committee on Training Schools during the past year has been composed as follows:

Dr. William A. Bryan, *Chairman*

Dr. Roderick B. Dexter,

Dr. Ralph M. Chambers,

Dr. Joseph E. Barrett, *Secretary*

During the past year Training Schools for Nurses, giving a full three year course of training, have been conducted at the following institutions:

Danvers State Hospital

Taunton State Hospital

Medfield State Hospital

Westborough State Hospital

Monson State Hospital

Worcester State Hospital

This three-year course of instruction consists of didactic and practical work. The requirements for entrance to this course of training, together with the curriculum, and standards governing promotion and graduation, conform to the requirements of the State Board of Registration for Nurses, and are sufficient to establish eligibility for examination for registration in Massachusetts and in many other states. The first and third years of this course are given at the State Hospitals, the second year being provided at a general hospital through affiliation.

There has also been given a two year course of Psychiatric Training at the following hospitals:

Boston State Hospital

Grafton State Hospital

Foxborough State Hospital

Northampton State Hospital

Gardner State Colony

The above mentioned hospitals have this fall graduated their first classes from this course of training.

It would seem well to point out that here is a group of 35 trained persons, available for appointment to positions requiring the qualifications they have acquired by this course of instruction. We would recommend that this fact be brought to the attention of the various hospitals.

On October 1, 1931, there were enrolled in the regular training schools 271 students who were classified as follows:

<i>Hospital</i>	<i>Junior</i>	<i>Inter- mediate</i>	<i>Senior</i>	<i>Total</i>
Danvers	32	14	10	56
Grafton	—	—	6	6
Medfield	22	13	4	39
Monson	18	—	3	21
Taunton	19	21	8	48
Westborough	19	11	11	41
Worcester	30	21	9	60
Total	140	80	51	271

Of this enrollment 201 students have successfully completed the year's work.

On October 1, 1931, there were enrolled in the Psychiatric Training Schools 127 students who were classified as follows:

<i>Hospital</i>	<i>Juniors</i>	<i>Seniors</i>	<i>Total</i>
Boston	30	10	40
Foxborough	21	5	26
Gardner	23	9	32
Grafton	—	7	7
Northampton	13	9	22
Total	87	40	127

Of this enrollment 68 students have successfully completed the year's work.

The following hospitals of the Department have continued to give affiliated training courses in psychiatric nursing to pupils from general hospital training schools: Psychopathic Hospital, Danvers, Grafton, Taunton, Monson, Worcester, and Northampton.

These affiliate courses are for three months and consist of a series of lectures in normal psychology and the various psychoses, together with practical instruction in the care of persons suffering from mental disease. It is interesting to note that more general hospitals are availing themselves of this affiliation. During the past year 194 students in training in general hospital training schools have been given this type of instruction and training. These students come from 27 general hospitals.

There have also been numerous requests from graduate nurses who did not receive such instruction during their course of training, with the result that several hospitals have given post-graduate courses of six months duration to 10 graduate nurses from 9 different general hospital training schools. These courses consist of both didactic instruction and practical training in the care of mental diseases.

In order to meet the new requirements of the Board of Registration for Nurses, effective in 1934, most of the Regular Training Schools are this year requiring four years of high school for entrance to the junior classes.

The Committee is also considering the advisability of raising the requirements for entrance to the Psychiatric Training Schools.

At a meeting of the Committee in June, 1932, radical changes were made in the regulation uniform for female attendants, and student nurses in both types of training schools. These changes have resulted in an improvement in the personal appearance of these persons and at the same time decreased a great deal the amount of work required of the laundry.

At a meeting of the Committee in June, 1932, examination questions for the nurses' examinations were selected and at a meeting in July, 1932 the grades resulting from these examinations were examined. The Committee voted at this time that a pupil nurse must have attended at least 80% of the classes for the year to become eligible for examination. It was also voted that any student who failed to make an examination average of 75% be accorded the privilege of one re-examination.

As yet there has been no provision made for official recognition and registration of graduates of the Psychiatric Training Schools, but it is hoped that such recognition and registration may be arranged within the near future.

Respectfully submitted,

WILLIAM A. BRYAN, M.D., *Chairman*

RODERICK B. DEXTER, M.D.

RALPH M. CHAMBERS, M.D.

JOSEPH E. BARRETT, M.D., *Secretary*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1932. Tables 1-11 inclusive, immediately follow this report.)

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1932. This report has embodied in it the finances of the Department and the institutions under its financial control, together with the reports of the Department's Engineer, Assistant Engineer, and Farm Supervisor, containing information relating to the work of the Financial Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

On August 1, 1932, the steward of the Belchertown State School resigned. As there were no students in the training school for stewards it was necessary to hold an examination. This examination was given on July 26, 1932, to 38 applicants, on the basis of appearance, adaptability, etc. determined by a personal interview—experience—and the result of the written examination. The applicant receiving the highest total rating was selected and appointed to a position in the training school for nine months getting his training at the Belchertown State School.

At the beginning of 1932 a revision was made in the method of analyzing maintenance expenses. "Ice and Refrigeration", "Water", and "Sewerage Disposal", formerly analyzed under Medical and General Care, were placed under Heat, Light and Power and the heading of that whole classification changed to Heat and Other Plant Operation. Under Garage, Stable and Grounds all items pertaining to the stable were deducted and placed under Farm and the heading changed to Garage and Grounds. The difference in the expenditures and the weekly per capita cost for 1931 and 1932 in these various classifications (shown in detail in Table 4) is mostly accounted for by these changes.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to \$336,559.23, a decrease of \$4,232.75 over that of the previous year. While expenditures under Personal Services and Patients Boarded in Hospital Cottages show an increase over 1931, the other items show savings from last year.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then the receipts which are for sales only. Receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expense arrived at by deducting receipts from the gross expense and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$6.508; that for the schools for mental defectives is \$6.317; with an average of \$6.472 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1931, the average weekly per capita cost for the twelve mental hospitals was \$7.137, or \$.629 more than the fiscal year 1932. For the schools for mental defectives for the fiscal year 1931 the average weekly per capita cost was \$6.996, or \$.679 more than the average per capita cost for the fiscal year 1932. Taking the total of the sixteen institutions for 1931, the average weekly per capita cost was \$7.111 as compared with the average per capita cost for 1932 of \$6.472, or \$.639 more than the average for 1932. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that of the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital, for 1932, is \$6.304, and the average per capita cost for the fifteen institutions, computed without the Boston Psychopathic Hospital, is \$6.306.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1931, an increase is shown under Personal Services caused by additional personnel necessary to increased population. All other classifications show a decrease due to the drop in commodity prices.

The average weekly per capita cost per patient for personnel for 1931 was \$3.78 and for 1932 \$3.66, a decrease of \$.12 from 1931. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a decrease under all headings (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, be-

ginning with the passage of the act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during this fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. This table more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$816,405.09, a decrease from the receipts of 1931 of \$101,188.58. The per capita amount received in 1932, based on average daily patient population, was \$34.32. The receipts from paying patients were 10.15% of the total cost of maintenance. (Table 8).

Section 27, Chapter 123 of the General Laws reads as follows: "The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Colony, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. During the year the following material was printed: 186,000 letter heads, 37,500 envelopes, 35,500 Christmas folders and envelopes, 1,200 Department annual reports, 9,250 institution annual reports, 6,343 booklets, 2,400 bulletins, medical and other forms and cards of 314 varieties, totaling approximately 3,445,400 pieces of printing, and 71,892 pay roll checks. The total cost of this printing, excluding the Department and institution annual reports was \$6,096.87.

The reports of the Department's Engineer, Assistant Engineer, and Farm Supervisor are appended.

REPORT OF DEPARTMENT ENGINEER.

Appropriations for construction work for special purposes were very few for this year but work on last years' appropriations progressed steadily.

A large proportion of the special appropriations made to the Department for 1932 was for furnishings for buildings to be completed.

The larger construction projects for the year were as follows: The completion of the reception building at the Boston State Hospital; the construction of verandas on the female ward buildings at the Foxborough State Hospital to provide much-needed day space for patients; the renovation of the Childs building at the Westborough State Hospital to completely modernize the building as well as provide for fourteen more patients, dining-rooms and a hydrotherapy section; the start of converting the old west boiler house which had more recently been used as a canning plant into a hospital for contagious cases and continuation of the work on the assembly and infirmary buildings at the Walter E. Fernald State School; and the commencing of construction on an infirmary building at the Wrentham State School.

Additional quarters for officers and employees were made available by the construction of an employees' cottage at the Gardner State Colony; the extension

of wings on the administration building to provide for 45 additional employees and the erection of a dormitory for 100 employees at the Walter E. Fernald State School; an employees' building for 75 and an officers' cottage were completed at the Wrentham State School; and two officers' cottages were constructed at the Metropolitan State Hospital.

During the year construction was started on superintendents' houses at the Metropolitan and Taunton State Hospitals, on the standard plan of the Department.

Much progress was made towards the completion and equipping of the new heating plant at the Gardner State Colony.

The work on the erection of a boiler house, coal pocket and sidetrack at the Monson State Hospital was carried on without interruption and will be completed in the very early part of 1933. A water treatment plant was installed in connection with the driven wells at the institution in order to soften and treat the water used in the boiler plant. It provides also an adequate supply of water for the institution in addition to the supply obtained from outside sources.

Alterations to the boiler house at the Belchertown State School were well under way by the end of the year, including the replacing of two h.r.t. boilers with a water-tube boiler. The construction work on tunnels connecting the nursery, infirmary, industrial building and employees' cottage was continued from last year and practically completed.

A tunnel was completed at the Walter E. Fernald State School to house the steam and hot water lines.

New ovens of the rack type have been installed in the bakery of the Wrentham State School which has been renovated and brought up-to-date.

Modern new X-ray equipment was installed at the Northampton State Hospital giving the institution adequate X-ray facilities.

The work on the water supply system at the Medfield State Hospital was continued with the award of contracts for pumping station and pumps, and a new standpipe. The work progressed to the point where water was furnished to the town late in 1932 and the plant will be in complete operation early in 1933.

At the Gardner State Colony work on the sewerage disposal plant progressed steadily. The work was carried on by the institution under the supervision of a consulting engineer and a large number of men were employed from the City of Gardner thereby helping to relieve the unemployment situation there.

The sewer beds at the Wrentham State School were overhauled and the system enlarged to care for the increase in population.

The program of installation of sprinklers at the Taunton State Hospital was carried on during the year.

At the Metropolitan State Hospital an assembly building, attendants' home and the connecting tunnels were completed and the buildings occupied. Work progressed on the medical and surgical building and it is expected that this building will be completed in 1933. Two officers' cottages were constructed and a superintendent's house contracted for as noted above. In the new assembly building talkie movie picture equipment was installed and a club room for employees was outfitted in the basement which makes the building a popular and valuable addition to the institution.

Additional laundry machinery was installed to take care of the increased population at the Metropolitan State Hospital as well as the additional load of doing the entire laundry work of the Boston Psychopathic Hospital.

The general work of grading and landscaping continued but owing to the topography of the institution it will be many years before such improvement will be apparent.

Under an arrangement with the Emergency Planning and Research Bureau, an organization for assisting unemployed architects and engineers, men have been employed on various types of engineering services at several of our institutions. At the Wrentham State School plans of the power house were made; at the Grafton State Hospital complete electrical survey plans were completed; at the Taunton State Hospital several jobs were started and the work still is going on; at the Worcester State Hospital a very complete set of building plans on underground

pipng and electrical system are being made, and other work is being done. The Department is obtaining very valuable information from these surveys. The work is being extended to more institutions and the following items are planned for the future as fast as men are made available: — building locations, fire service lines, yard water connections (hot and cold), yard sewer connections and outlets, yard steam tunnels and conduits, yard electric conduits and pole lines, inside work, steam heating service (including records of power plant equipment), boundary surveys and isometric (special).

Under Repairs and Renewals a combined purchase of talkie movie apparatus was made and installed in the following institutions: Boston, Danvers, Foxborough, Gardner, Grafton, Medfield, Northampton, Taunton, Westborough, Worcester and Monson State Hospitals, and Belchertown, Walter E. Fernald and Wrentham State Schools. Modern pictures now may be obtained and enjoyed. The installations have proven very satisfactory and are thoroughly appreciated by patients and employees.

REPORT OF THE ASSISTANT ENGINEER.

Work on important repair projects progressed favorably during the past year and included the installation of a new feed water heater at the Danvers State Hospital, the renewal of continuous baths at the Northampton State Hospital, and the rebuilding of boiler walls at the Westborough State Hospital. A continuation of the renovation of plumbing was carried on at the Westborough State Hospital, the Worcester State Hospital, the Walter E. Fernald State School and the Wrentham State School.

Successful test borings were made near the power house of the Danvers State Hospital in an effort to locate a source of water supply to be used in connection with the ammonia refrigeration plant. An estimated annual saving of \$4,000 per year will result from the securing of this underground water.

The fire protection program was continued by the extension of the fire alarm system at the Gardner State Colony, the extension of the hydrant system at the Northampton State Hospital, the construction of fireproof stairways at the Worcester State Hospital, and by the installation of automatic extinguishers at the Monson State Hospital.

Studies were made of the food service at the Boston Psychopathic Hospital and, as a result, a modern cafeteria was installed adjacent to the kitchen. This radical change will, it is believed, result in the economical and satisfactory serving of the food at this institution.

A contagious hospital was constructed at the Walter E. Fernald State School by remodeling the former canning building and the use of the salvaged materials in the reconstruction.

An employees' cottage for sixteen employees was built at the Gardner State Colony. This building is constructed with brick and hollow tile walls, fireproof floors and fireproof partitions.

A personal inspection of mechanical and construction supplies was made at each institution and the result of this inspection was incorporated in the Department's budget requests for 1933.

Sixty-three visits were made during the year to the institutions under the control of the Department, in connection with maintenance and special appropriation projects.

REPORT OF THE FARM SUPERVISOR.

During the year 1932, 138 visits were made to institution farms, or an average of 8 visits to each institution. Analysis of the year's business on the 15 farms shows a total net profit of \$244,324. The decrease from last year's valuations is not due to a lesser production but is due to a readjustment of unit values made by authorities having control of setting farm prices for all institutions as well as those under this Department. Although values show a decrease, quantities show an increase. The value of farm production for the year 1932 is \$849,290.54. (See Tables 10 and 11).

The average number of cows for the year 1931 was 780 with an average production of 12,425.60 pounds per cow, while in 1932 a total of 796 cows made an average of

12,821.92 pounds of milk per cow; or in other words, an increase of 16 cows and an average increase of 396.32 pounds of milk per cow. This is the 15th consecutive year that an increase in milk production has been obtained.

Replacements for the dairy herd are of our own raising. We have now reached the point where the selection of sires that we can reasonably expect to keep up or increase production in the future is very difficult. During the year we imported from the Carnation Milk Farms, Seattle, Washington, 5 Holstein bulls all from the great families of Inka May and Matador Segis breeding.

The production of pork during 1932 has increased from 712,147 pounds (produced in 1931) to 799,419 pounds or an increase of 87,272 pounds.

The average egg production has increased from 146.08 eggs per hen in 1931 to 156.05 eggs per hen in 1932, or the highest egg production ever obtained.

The new pen barn at the Worcester State Hospital which was put in operation in 1931 has proved to be an efficient plant.

Under conservation of food stuffs we wish particularly to mention the canning of vegetables and fruit. In 1931 the total poundage of vegetables and fruits canned was 1,038,458 and in 1932 there was a total of 1,483,488 pounds or an increase of 444,030 pounds.

The Department in co-operation with Dr. Fred F. Flanders of the State Purchasing Bureau held a very interesting and educational demonstration of canning vegetables at the Grafton State Hospital on June 14. Every institution sent from one to three representatives from their canning departments to this meeting. They brought empty cans sealed by their own institution power sealer which were filed and examined in order to know whether their machines were running properly, and putting a proper hook on the seam. Each institution also reported on the amount of material that they had put up last year and on their losses. One can of tomatoes, corn and string beans were requested from each institution, which were opened and examined by judges for pack and flavor. A demonstration of canning spinach was put on showing the proper blanching methods and the proper processing and cooling in the retort. It was the consensus of opinion that the demonstration was worth while and that the entire meeting had been very educational.

Pressure cooling of cans in the retorts was something new and in order that the retorts should be properly piped for efficient work it was deemed necessary to send out a blue print with instructions, and institutions were requested to put this cooling system into operation. Several institutions have reported a great saving of time and an improvement in cooling by the new method.

Dr. Flanders made several trips to institutions and assisted in overcoming trouble. Late in the season we found some institutions with a lot of apples, tomatoes and squash on hand. Outlines for canning these particular products were made up by Dr. Flanders and sent out from this office. We are glad indeed to report that more food stuffs have been conserved and quality has been greatly improved in 1932.

During the year 1932 comparative tables on production of milk, butter fat, pork, eggs, vegetables and canning have been sent to each institution each month.

During the latter part of July the head farmers of the institutions under the supervision of this Department made a tour of inspection of the institutions in the eastern part of the state.

Respectfully submitted,

WARREN A. MERRILL,
Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1932.

TABLE 1. — *Total Expenditures of Department and Institutions.*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases .	\$261,480.16	\$74,948.15	\$6,978.50 ²	\$343,406.81
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital . . .	161,662.73	69,394.56	—	231,057.29
Boston State Hospital . . .	432,566.04	315,369.60	267,179.01	1,015,114.65
Danvers State Hospital . . .	355,343.61	322,993.54	63,967.02	742,304.17
Foxborough State Hospital . . .	217,187.64	161,857.94	73,847.95	452,893.53
Gardner State Colony . . .	232,347.92	189,576.60	156,638.28	578,562.80
Grafton State Hospital . . .	294,629.30	198,213.49	23,888.17	516,730.96
Medfield State Hospital . . .	333,548.44	226,911.60	99,283.22	659,743.26
Metropolitan State Hospital . . .	153,107.79	173,258.37	320,099.02	646,465.18
Northampton State Hospital . . .	264,434.70	209,761.48	123,277.70	597,473.88
Taunton State Hospital . . .	300,042.43	210,606.20	52,410.29	563,058.92
Westborough State Hospital . . .	294,922.58	216,514.20	120,008.61	631,445.39
Worcester State Hospital . . .	433,721.11	316,703.65	11,548.99	761,973.75
Monson State Hospital (epileptic)	272,773.87	174,994.39	370,650.05	818,418.31
Total Hospitals . . .	\$3,746,288.16	\$2,786,155.62	\$1,682,798.31	\$8,215,242.09
<i>Schools for Mental Defectives:</i>				
Belchertown State School . . .	\$215,813.15	\$194,198.02	\$259,501.04	\$669,512.21
Walter E. Fernald State School . . .	326,534.59	253,977.91	472,661.70	1,053,174.20
Wrentham State School . . .	255,955.05	228,523.93	260,216.35	744,695.33
Total Schools . . .	\$798,302.79	\$676,699.86	\$992,379.09	\$2,467,381.74
Grand Total . . .	\$4,806,071.11	\$3,537,803.63	\$2,682,155.90	\$11,026,030.64

¹Less Sales.²New School for feeble-minded.TABLE 2. — *Departmental Receipts and Expenditures.*
Expenditures.

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1932	Brought Forward From 1931 Appropriation	Total Available		
Personal Services . . .	\$134,000.00	—	\$134,000.00	\$131,663.58	\$2,336.42
Expenses . . .	18,000.00	\$1,775.23	19,775.23	18,598.50	1,176.73
Transportation . . .	15,500.00	—	15,500.00	13,111.88	2,388.12
Persons Boarded in Family Care . . .	3,500.00	—	3,500.00	2,927.87	572.13
Persons Boarded in Hospital Cottages . . .	16,000.00	—	16,000.00	15,390.27	609.73
Investigation of Mental Diseases and Defects . . .	85,000.00	12,579.81	97,579.81	93,574.97	4,004.84
Psychiatric Examination of Prisoners . . .	61,750.00	72.04	61,822.04	61,292.16	529.88
	\$333,750.00	\$14,427.08	\$348,177.08	\$336,559.23	\$11,617.85

Receipts.

Payable to State Treasurer:

Licenses:

Private Hospitals

\$950.00

Reimbursement for Services:

Board in Hospital Cottages

\$5.43

Plans drawn by Department

345.00

Transportation

40.00

390.43

Sales:

Forms and Bulletins

130.92

Miscellaneous:		
Protest Fees	\$1.04	
Unclaimed deposit on plans	185.00	
Refund site for School for Feeble-minded	10,000.00	
		10,186.04
Other Receipts:		
Interest on bank balances	\$120.57	
Refunds on account of Previous Years	267.13	
		387.70
Total		\$12,045.09

TABLE 3. — *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution.*
(For detail of Net Expenses and Net Per Capita Cost see Table 4)

INSTITUTIONS	Amount Appropriated for 1932	Balance from 1931	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$235,450.00	\$5,573.74	\$241,023.74	\$231,176.02	\$119.33	\$231,057.29	79.81	\$55.522
Boston State Hospital	765,650.00	35,241.26	800,891.26	748,375.02	439.38	747,935.64	2,067.64	6.937
Danvers State Hospital	695,790.00	17,781.09	713,571.09	679,719.65	1,382.50	678,337.15	2,075.00	6.27
Foxborough State Hospital	390,100.00	12,228.56	402,328.56	380,768.54	1,722.96	379,045.58	1,084.28	6.704
Gardner State Colony	446,150.00	14,730.24	460,880.24	425,333.56	3,409.04	421,924.52	1,344.84	6.017
Graton State Hospital	512,400.00	9,768.59	522,168.59	495,481.08	2,638.29	492,842.79	1,427.17	6.623
Medfield State Hospital	585,550.00	15,254.42	600,804.42	572,381.55	1,086.20	571,295.35	1,774.40	6.175
Metropolitan State Hospital	374,710.00	20,854.95	395,564.95	340,834.74	6,191.65	334,643.09	1,197.59	5.359
Northampton State Hospital	475,950.00	17,038.71	492,988.71	475,023.74	827.56	474,196.18	1,677.60	5.421
Taunton State Hospital	515,300.00	30,734.56	546,034.56	511,362.05	713.42	510,648.63	1,551.57	6.312
Westborough State Hospital	506,500.00	20,067.38	526,567.38	511,104.10	2,667.32	511,436.78	1,436.82	6.826
Worcester State Hospital	774,700.00	44,028.80	818,728.80	752,602.45	2,177.69	750,424.76	2,216.38	6.493
Monson State Hospital (epileptic)	466,400.00	9,018.06	476,318.06	430,103.04	2,334.78	447,768.26	1,374.48	6.248
Total	\$6,744,650.00	\$253,220.36	\$6,997,870.36	\$6,577,266.14	\$25,710.12	\$6,551,556.02	19,307.58	\$6.508
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$410,700.00	\$12,273.49	\$422,973.49	\$411,262.52	\$1,251.35	\$410,011.17	1,201.20	\$6.546
Walter E. Fernald State School	592,700.00	22,899.75	615,599.75	582,488.94	1,976.44	580,512.50	1,671.29	6.661
Wrentham State School	482,800.00	23,167.04	505,967.04	486,023.02	1,544.04	484,478.98	1,605.48	5.787
Total	\$1,486,200.00	\$58,340.28	\$1,544,540.28	\$1,479,774.48	\$4,771.83	\$1,475,002.65	4,477.97	\$6.317
Grand Total	\$8,230,850.00	\$311,560.64	\$8,542,410.64	\$8,057,040.62	\$30,481.95	\$8,026,558.67	23,785.55	\$6.472

¹Receipts from Sales only.

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution.*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$161,573.90	\$38.82	\$1,160.00	\$.27	\$5,121.76	\$1.23	\$26,941.84	\$6.47
Boston State Hospital	432,269.36	4.00	2,079.98	.02	7,076.42	.06	128,773.95	1.19
Danvers State Hospital	355,112.61	3.28	2,060.65	.01	7,554.26	.06	194,197.80	.87
Foxborough State Hospital	217,057.24	3.83	1,506.00	.02	5,894.03	.10	45,780.60	.82
Gardner State Colony	232,196.22	3.31	1,451.75	.02	4,364.59	.06	42,918.12	.61
Grafton State Hospital	294,422.73	3.95	1,464.00	.01	4,394.27	.05	51,833.07	.69
Medfield State Hospital	333,300.72	3.60	2,080.00	.02	5,922.48	.06	78,092.70	.84
Metropolitan State Hospital	153,013.15	2.45	1,600.00	.02	3,813.75	.06	70,816.92	1.13
Northampton State Hospital	264,269.37	3.02	1,325.00	.01	5,494.34	.06	74,343.07	.84
Taunton State Hospital	299,848.70	3.70	1,795.00	.02	5,797.11	.07	65,682.23	.81
Westborough State Hospital	204,734.71	3.93	1,488.00	.01	6,657.72	.08	70,130.40	.93
Worcester State Hospital	433,427.28	3.75	2,540.00	.02	9,786.77	.08	110,640.92	.95
Monson State Hospital (epileptic)	272,579.75	3.80	1,530.47	.02	5,436.77	.07	50,735.24	.70
Total	\$3,743,805.74	\$3.71	\$22,080.85	\$.02	\$77,314.27	\$.07	\$911,886.86	\$.90
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$215,666.15	\$3.44	\$1,530.00	\$.02	\$5,621.82	\$.08	\$52,247.77	\$.83
Walter E. Fernald State School	326,305.27	3.74	2,690.00	.03	6,817.47	.07	67,220.85	.77
Wrentham State School	255,795.77	3.05	1,740.00	.02	6,126.79	.07	73,092.42	.87
Total	\$797,767.19	\$3.41	\$5,960.00	\$.02	\$18,566.08	\$.07	\$192,561.04	\$.82
Grand Total	\$4,541,572.93	\$3.66	\$28,040.85	\$.02	\$95,880.35	\$.07	\$1,104,447.90	\$.89

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued.*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$536.36	\$.12	\$4,868.48	\$1.16	\$13,657.95	\$3.28	\$12,101.94	\$2.90
Boston State Hospital	23,817.05	.22	34,485.82	.31	19,323.32	.17	63,435.62	.58
Danvers State Hospital	22,733.05	.21	32,514.53	.30	13,357.48	.12	90,637.66	.83
Foxborough State Colony	11,854.03	.20	18,224.61	.32	8,658.94	.15	36,222.33	.64
Grafton State Hospital	13,256.29	.18	14,615.62	.20	24,101.36	.34	33,531.65	.47
Grafton State Hospital	15,567.05	.20	20,774.14	.27	7,302.22	.09	44,490.17	.59
Medfield State Hospital	21,774.90	.23	27,145.65	.29	9,994.08	.10	41,077.18	.44
Metropolitan State Hospital	14,230.54	.22	15,308.07	.25	7,473.71	.11	50,542.37	.80
Northampton State Hospital	9,184.17	.10	21,959.54	.25	7,340.22	.08	47,097.47	.53
Taunton State Hospital	10,911.14	.13	23,989.16	.29	10,557.94	.13	39,050.92	.48
Worcester State Hospital	13,682.51	.18	23,003.95	.30	10,287.29	.13	33,931.60	.45
Worcester State Hospital	16,647.75	.14	27,335.59	.23	21,440.38	.18	75,490.30	.65
Monson State Hospital (epileptic)	10,450.15	.14	18,077.76	.25	6,449.70	.08	39,047.01	.54
Total	\$184,644.99	\$.18	\$282,302.92	\$.28	\$159,944.59	\$.15	\$606,656.22	\$.60
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$20,127.27	\$.32	\$20,590.68	\$.32	\$8,495.98	\$.13	\$35,768.12	\$.57
Walker E. Fernald State School	17,459.03	.20	25,174.30	.28	9,331.12	.10	59,705.92	.68
Wrentham State School	20,375.63	.24	21,694.85	.25	8,984.78	.10	38,802.01	.46
Total	\$57,961.93	\$.24	\$67,459.83	\$.28	\$26,811.88	\$.11	\$134,276.05	\$.57
Grand Total	\$242,606.92	\$.19	\$349,762.75	\$.28	\$186,756.47	\$.15	\$740,932.27	\$.59

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded.*

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$248.70	\$.05	\$3,307.85	\$.79	\$1,449.68	\$.34
Boston State Hospital	\$4,583.63	\$.04	2,959.91	.02	17,835.80	.16	10,998.10	.10
Danvers State Hospital	24,942.83	.23	6,903.83	.06	19,176.74	.17	8,914.71	.08
Foxborough State Hospital	16,844.81	.29	3,034.99	.05	8,597.17	.15	4,240.43	.07
Gardner State Colony	28,525.99	.40	4,290.75	.06	13,394.11	.19	9,126.37	.13
Grafton State Hospital	22,710.05	.30	6,342.77	.08	14,680.73	.19	8,655.02	.11
Medfield State Hospital	23,178.16	.25	5,137.96	.05	16,129.46	.17	7,214.34	.07
Metropolitan State Hospital	4,044.58	.06	5,244.86	.08	4,369.69	.06	4,090.81	.06
Norhampton State Hospital	20,091.01	.22	3,960.97	.04	11,881.36	.13	7,084.33	.08
Taunton State Hospital	20,908.35	.25	3,449.68	.04	12,947.43	.16	15,427.24	.19
Westborough State Hospital	19,002.60	.25	4,075.76	.05	14,185.67	.18	20,068.70	.26
Worcester State Hospital	22,544.83	.19	4,620.54	.03	15,378.67	.13	10,277.90	.08
Monson State Hospital (epileptic)	20,462.13	.28	3,980.98	.05	9,632.86	.13	9,191.32	.12
Total	\$227,928.97	\$.22	\$54,251.70	\$.05	\$161,517.54	\$.16	\$116,738.95	\$.11
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$27,650.56	\$.44	\$6,521.05	\$.10	\$8,312.66	\$.13	\$7,332.11	\$.11
Walter E. Fernald State School	31,447.25	.36	6,340.17	.07	12,880.41	.14	14,911.39	.17
Wrentham State School	30,206.31	.36	4,044.91	.04	11,584.51	.13	11,871.72	.14
Total	\$89,304.12	\$.38	\$16,906.13	\$.07	\$32,777.58	\$.14	\$34,115.22	\$.14
Grand Total	\$317,233.09	\$.25	\$71,157.83	\$.05	\$194,295.12	\$.15	\$150,854.17	\$.12

TABLE 5. — *Analysis of Pay Rolls — By Institution.*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$7.76	\$10.00	\$.48	\$20.62	\$38.85
Boston State Hospital . . . . .	.31	1.86	.12	1.72	4.01
Danvers State Hospital . . . . .	.21	1.55	.06	1.46	3.28
Foxborough State Hospital . . . . .	.29	1.53	.10	1.93	3.84
Gardner State Colony . . . . .	.24	1.46	.13	1.48	3.31
Grafton State Hospital . . . . .	.25	1.48	.08	2.14	3.96
Medfield State Hospital . . . . .	.22	1.62	.11	1.66	3.61
Metropolitan State Hospital . . . . .	.18	.97	.04	1.26	2.45
Northampton State Hospital . . . . .	.25	1.30	.04	1.42	3.02
Taunton State Hospital . . . . .	.30	1.60	.07	1.76	3.70
Westborough State Hospital . . . . .	.28	1.55	.08	2.02	3.93
Worcester State Hospital . . . . .	.26	1.76	.08	1.62	3.75
Monson State Hospital (epileptic) . . . . .	.27	1.70	.06	1.76	3.80
Averages	\$.28	\$1.59	\$.08	\$1.76	\$3.72
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.22	\$1.37	\$.21	\$1.65	\$3.44
Walter E. Fernald State School . . . . .	.25	1.64	.36	1.50	3.75
Wrentham State School . . . . .	.15	1.50	.27	1.11	3.05
Averages	\$.20	\$1.51	\$.29	\$1.40	\$3.42
Grand Averages	\$.27	\$1.58	\$.12	\$1.69	\$3.66

TABLE 6. — *Rotation in Service of Persons Employed in Institutions.*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.68	2.35	1.16	1.43	1.78
Boston State Hospital	1.37	1.66	1.30	1.53	1.59
Danvers State Hospital	1.24	1.81	2.09	1.50	1.68
Foxborough State Hospital	1.56	1.89	2.07	1.38	1.66
Gardner State Colony	1.34	1.69	1.31	1.29	1.51
Grafton State Hospital	1.46	1.61	1.73	1.41	1.51
Medfield State Hospital	1.34	1.69	1.16	1.43	1.56
Metropolitan State Hospital	1.87	1.59	1.63	1.42	1.52
Northampton State Hospital	1.48	1.88	1.48	1.49	1.71
Taunton State Hospital	1.43	2.05	1.19	1.27	1.70
Westborough State Hospital	1.16	2.11	1.28	1.60	1.82
Worcester State Hospital	1.42	2.12	1.18	1.55	1.86
Monson State Hospital (epileptic)	1.91	1.92	1.56	1.39	1.69
Average	1.47	1.86	1.44	1.45	1.67
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.17	1.67	1.35	1.45	1.55
Walter E. Fernald State School	1.40	1.56	1.75	1.42	1.53
Wrentham State School	1.65	1.88	1.50	1.30	1.69
Average	1.39	1.71	1.59	1.40	1.59
Total Average	1.46	1.83	1.51	1.44	1.65

TABLE 7. — *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings.*

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1932	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES <i>Boston Psychopathic Hospital</i> <i>Boston State Hospital</i>	-	-	-	-	-	-	-	-
Employees' Building, Greenhouse, etc.	115	1930	\$158,000.00	-	\$159,443.82	\$358.81	\$159,802.63	\$3,197.37
	460	1931	5,000.00	-	-	-	-	-
Renewing Steam Lines	146	1929	40,000.00	-	-	-	-	-
	115	1930	27,400.00	-	61,481.85	3,862.92	65,344.77	2,055.23
Erection of Fence	245	1931	15,000.00	-	580.00	14,417.20	14,997.20	2.80
Reception Building	268	1931	400,000.00	-	340,911.11	36,817.89	377,729.00	22,271.00
<i>Danvers State Hospital</i>								
Officer's Cottage	115	1930	6,000.00	-	8,683.38	-	8,683.38	316.62
	14	1931	3,000.00	-	-	-	-	-
Renovation Rear Center	115	1930	200,000.00	-	-	-	-	-
	245	1931	122,000.00	\$15,000.00	300,436.39	35,255.34	335,691.73	1,308.27
X-Ray Equipment	170	1932	-	-	3,372.67	556.44	3,929.11	70.89
Purchase of Land	460	1931	150.00	-	122.79	-	122.79	27.21
<i>Foxborough State Hospital</i>								
Furnishings Farm Dormitory	170	1932	-	10,000.00	-	8,873.13	8,873.13	1,126.87
Furnishing Nurses' Home	245	1931	4,600.00	-	4,426.52	161.83	4,588.35	11.65
Replace Stairs, Install Grilles	14	1931	4,700.00	-	4,365.62	300.00	4,665.62	34.38
Renovation Ward C	1	1931	-	-	-	-	-	-
	460	1931	7,000.00	-	6,999.37	-	6,999.37	.63
Verandas Female Ward Building	115	1930	35,000.00	-	-	-	-	-
	*170	1932	-	-	-	32,461.31	32,461.31	2,538.69
Buildings — Farm Colony	115	1930	105,000.00	-	103,904.26	871.93	104,776.19	223.81
Paint Shop	115	1930	2,000.00	-	-	1,883.33	1,883.33	116.67
Furnishing Employees' Building	115	1930	11,000.00	-	10,937.37	60.01	10,997.38	12.62
Furnishing Officer's Cottage	115	1930	1,500.00	-	819.39	664.25	1,483.64	16.36
Power Equipment	386	1929	9,000.00	-	-	-	-	-
	*245	1931	-	-	3,260.25	5,552.79	8,813.04	186.96
Employees' Building	146	1929	110,000.00	-	-	-	-	-
	115	1930	82,500.00	-	192,379.68	-	192,379.68	120.32
<i>Gardner State Colony</i>								
Furnishing Hospital Building	245	1931	9,300.00	-	7,418.71	1,273.76	8,692.47	607.53
Coal Trestle	245	1931	10,000.00	-	9,029.60	860.00	9,889.60	110.40
Building for Printing	115	1930	10,000.00	-	9,996.33	-	9,996.33	3.67
Employees' Cottage	115	1930	12,000.00	-	11,999.11	-	11,999.11	.89

Two Cottages for Officers Hospital Building	115	1930	10,000.00	9,779.99	—	9,779.99	220.01
Fire Alarm System	115	1930	150,000.00	149,395.25	253.48	149,648.73	351.27
Cow Barn	115	1930	5,000.00	4,834.20	—	4,834.20	165.80
Additional Water Supply	115	1930	10,000.00	—	—	—	10,000.00
	126	1924	35,000.00	—	—	—	—
	398	1926	7,000.00	37,711.86	775.60	38,487.46	3,512.54
Employees' Cottage	245	1931	14,000.00	—	10,483.47	10,483.47	3,516.53
Additional Sewage Disposal	245	1931	12,250.00	909.00	7,756.21	8,665.21	3,584.79
New Heating Plant, Equipment	245	1931	150,000.00	125,510.03	24,285.18	149,795.21	204.79
Grafton State Hospital	269	1931	150,000.00	—	—	—	—
Chapel and Recreation Building	115	1930	80,000.00	79,141.44	837.98	79,979.42	20.58
Horse Barn	115	1930	8,000.00	7,866.38	—	7,866.38	133.62
Purchase of Certain Land	115	1930	6,000.00	462.00	—	462.00	138.00
Power Equipment	326	1929	4,500.00	—	—	—	—
	426	1930	2,700.00	5,711.00	377.95	6,088.95	1,111.05
Sun Porch — Pines D	146	1929	10,000.00	—	—	—	—
	245	1931	8,000.00	17,072.36	559.33	17,631.69	368.31
Renewing Steam Lines	245	1931	53,000.00	43,108.30	9,890.95	52,999.25	.75
Additional Sewer Beds	138	1927	3,500.00	—	—	—	—
	127	1928	7,300.00	—	—	—	—
	115	1930	3,000.00	12,033.05	1,669.70	13,702.75	97.25
Medfield State Hospital	115	1930	10,000.00	—	—	—	—
Renovation Bath Facilities	115	1930	12,000.00	9,256.89	727.54	9,984.43	15.57
Officers' Cottages	115	1930	10,000.00	10,781.48	1,201.09	11,982.57	17.43
Completion of Piggery	115	1930	3,000.00	2,632.31	354.85	2,987.16	12.84
Additional Water Supply	127	1928	8,000.00	—	—	—	—
	146	1929	40,000.00	—	—	—	—
	*386	1929	—	—	—	—	—
	*245	1931	50,000.00	53,802.69	59,566.81	113,369.50	8,630.50
	460	1931	—	1,013.20	1,385.08	2,398.37	1.63
	307	1932	3,000.00	18,139.68	21,467.38	39,607.06	392.94
Furnishings Officers' Cottages	245	1931	40,000.00	—	—	—	—
New Boilers	245	1931	—	—	—	—	—
Metropolitan State Hospital	138	1927	1,500,000.00	—	—	—	—
	127	1928	1,500,000.00	—	—	—	—
	146	1929	1,125,000.00	—	—	—	—
	115	1930	740,000.00	—	—	—	—
	268	1931	100,000.00	4,438,678.68	463,547.43	4,902,226.11	62,773.89
Northampton State Hospital	170	1932	—	13,500.00	—	—	—
Furnishing Male Attendants' Home	245	1931	5,100.00	—	10,714.51	10,714.51	2,785.49
X-Ray Equipment	245	1931	17,500.00	—	4,999.24	4,999.24	100.76
Furnishing Ward "C"	245	1931	150,000.00	10,198.76	4,865.52	15,064.28	2,435.72
Male Nurses' Home	268	1931	150,000.00	146,467.98	3,506.19	149,974.17	25.83
Power Equipment	115	1930	8,500.00	—	—	—	—
	460	1931	2,500.00	10,946.41	—	10,946.41	53.59
Ward Building	115	1930	185,000.00	182,205.33	1,534.23	183,739.56	1,260.44
Recreation Pavilion	115	1930	10,000.00	8,919.24	877.25	9,796.49	203.51
Additional Land	115	1930	75,000.00	—	—	—	—
	*170	1932	—	15,484.43	7,950.06	23,434.49	51,565.51

*Balance Reappropriated

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings. — Continued.

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1932	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
Taunton State Hospital								
Sprinklers	245	1931	8,000.00	—	4,756.10	2,921.01	7,677.11	322.89
Furnishings for Cottage	245	1931	1,500.00	—	—	1,490.37	1,490.37	9.63
New Boilers	245	1931	45,000.00	—	22,883.24	21,791.93	44,675.17	324.83
Officer's Cottage	115	1930	6,000.00	—	8,945.91	50.88	8,996.79	3.21
Superintendent's House	14	1931	3,000.00	—	—	—	—	—
Superintendent's House	115	1930	21,000.00	—	—	—	—	—
Remodeling Certain Spaces	*170	1932	—	—	—	41.33	41.33	—
Garages	115	1930	6,400.00	—	2,106.49	4,194.94	6,301.43	20,958.67
Kitchen and Cafeteria Equipment	146	1929	3,000.00	—	2,994.32	—	2,994.32	5.68
146	1929	15,000.00	—	—	—	—	—	—
115	1930	10,000.00	—	—	24,918.41	81.53	24,999.94	.06
Certain Land	127	1928	4,000.00	—	—	—	—	—
*115	1930	—	—	—	3,995.64	—	3,995.64	4.36
Wesborough State Hospital								
Furnishing Farm Dormitory	170	1932	—	8,000.00	—	7,921.77	7,921.77	78.23
Assembly Building, Equipment	268	1931	85,000.00	—	77,059.10	7,883.41	84,942.51	57.49
Buildings Farm Colony	115	1930	105,000.00	—	104,857.40	29.21	104,886.61	113.39
Garage	115	1930	5,000.00	—	4,509.59	373.74	4,883.33	116.67
Pumping Equipment	115	1930	22,000.00	—	20,794.15	1,166.40	21,960.55	39.45
Renovation Warren House	115	1930	12,000.00	—	11,965.20	—	11,965.20	34.80
Flat Work Ironer	245	1931	7,800.00	—	7,619.50	—	7,619.50	180.50
Improvements — Power House	245	1931	4,700.00	—	4,138.95	557.00	4,695.95	4.05
Renovation Childs Building	245	1931	27,000.00	—	23,914.29	23,914.29	23,914.29	3,085.71
Renovation of Houghton House	115	1930	4,000.00	—	3,616.50	383.27	3,999.77	.23
Worcester State Hospital								
Renovation Heating System	245	1931	12,000.00	—	9,231.50	2,722.94	11,954.44	45.56
Furnishing Officers' Cottages	245	1931	3,000.00	—	458.08	2,361.17	2,819.25	180.75
Equipment — Dairy and Cow Barn	14	1931	20,000.00	—	19,957.58	—	19,957.58	42.42
New Boiler	115	1930	13,500.00	—	13,136.26	324.88	13,461.14	38.86
Officers' Cottages	146	1929	12,000.00	—	—	—	—	—
460	1931	7,000.00	—	—	17,727.12	1,272.37	18,999.49	.51
Monson State Hospital								
Sewer Beds	170	1932	—	6,000.00	—	—	—	6,000.00
Furn. Reception Bldg. and Nurses' Home	245	1931	17,500.00	—	6,547.56	9,400.88	15,948.44	1,551.56
Infirmary Building and Furnishings	286	1931	150,000.00	—	—	—	—	—
307	1932	5,000.00	—	—	—	—	—	—
170	1932	—	—	—	142,841.03	4,272.96	147,113.99	7,886.01
Reception Building	115	1930	100,000.00	—	99,947.30	49.05	99,996.35	3.65

Female Nurses' Home	115	1930	60,000.00	—	59,306.10	687.14	59,993.24	6.76
Garage	115	1930	5,000.00	—	4,718.73	230.45	4,949.18	50.82
Officer's Cottage	115	1930	6,000.00	—	5,879.60	—	5,879.60	120.40
Piggery	115	1930	5,000.00	—	4,999.31	—	4,999.31	.69
Shop for Carpenters	115	1930	10,000.00	—	9,654.78	345.19	9,999.97	.03
Additional Water Supply	115	1930	8,500.00	—	8,492.61	—	8,492.61	7.39
Heating Plant, Equipment, Side Track	268	1931	316,400.00	—	40,606.07	269,318.81	309,924.88	6,475.12
Total			\$8,693,900.00	\$81,500.00	\$7,391,894.38	\$1,147,604.89	\$8,539,499.27	\$235,900.73
SCHOOLS FOR MENTAL DEFECTIVES								
<i>Belchertown State School</i>								
Furnishing and Equipping Nursery Building No. 2	307	1932	—	\$5,000.00	—	\$4,048.38	\$4,048.38	\$951.62
Laundry Equipment	170	1932	—	9,400.00	—	—	—	9,400.00
Furnishing Officers' Apartments	170	1932	—	2,000.00	—	—	—	1,455.44
Building Mechanical Work	115	1930	\$10,000.00	—	\$8,831.56	544.56	9,376.12	364.59
Boys' Dormitory	115	1930	100,000.00	—	99,153.20	803.85	99,957.05	8.00
Industrial Building	115	1930	50,000.00	—	49,996.60	838.80	50,835.40	3.40
Nursery Building	115	1930	50,000.00	—	58,707.23	—	58,707.23	292.77
Employees' Cottage	115	1930	30,000.00	—	29,999.63	—	29,999.63	.37
Purchase of Land	115	1930	4,900.00	—	4,636.70	—	4,636.70	263.30
New Boiler	115	1930	13,000.00	—	—	26,330.12	26,330.12	1,669.88
Furnishings Hospital Building	245	1931	15,000.00	—	19,464.71	29.71	19,494.42	5.58
Greenhouse	115	1930	19,500.00	—	1,082.54	143.17	1,225.71	274.29
Tunnels	386	1929	12,000.00	—	24,985.91	—	24,985.91 ^{1,3}	14.09
Water and Sewerage System	115	1930	23,000.00	—	37,826.89	—	37,826.89	173.11
Walks	138	1927	1,000.00	—	—	—	—	—
Walks and Grading	115	1930	2,000.00	—	5,637.16	12.94	5,650.10	349.90
Wells, Standpipe and Sludge Beds	245	1931	5,000.00	—	1,939.85	3,051.84	4,991.69	8.31
Schoolhouse and Gymnasium	245	1931	15,100.00	—	18,531.86	1,549.64	20,081.50	18.50
Employees' Cottage	307	1932	163,000.00	14,280.00	156,863.61	11,230.90	168,094.51	9,185.49
Furnishings and Equipment — New Buildings	268	1931	32,500.00	—	29,968.04	2,499.15	32,467.19 ²	32.81
Industrial Building	268	1931	13,000.00	—	16,327.58	1,640.65	17,968.23	31.77
Equipment — Industrial Building	170	1932	52,000.00	1,000.00	45,956.00	3,439.76	49,395.85	3,604.15
Additional Tunnels	268	1931	5,000.00	—	4,180.78	529.24	4,710.02	289.98
Nursery Building	268	1931	42,000.00	—	15,079.36	23,170.77	38,250.13	3,749.87
Walter E. Fernald State School	268	1931	59,000.00	—	58,218.48	757.25	58,975.73	24.27
Water Supply — Templeton Colony	170	1932	—	1,000.00	—	1,000.00	1,000.00	—
Sprinklers	245	1931	2,800.00	—	1,982.00	—	1,982.00	818.00
Building Contagious Hospital	245	1931	15,000.00	—	—	8,237.07	8,237.07	6,762.93

\$300.00 transferred to Furnishings and Equipment — Nursery No. 2.

\$2,000.00 transferred to Furnishings and Equipment Nursery No. 2.

\$14,280.00 transferred to Schoolhouses and Gymnasium.

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings. — Concluded.

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1932	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
Furnishing New Buildings	245	1931	20,000.00	—	13,389.57	7,046.17	20,435.74	15,564.26
Kitchen and Dining Room	268	1930	16,000.00	—	144,399.80	327.26	144,727.06 ⁴	5,272.94
Employees' Quarters	115	1930	150,000.00	—	—	—	—	—
Employees' Quarters	*170	1930	40,000.00	—	—	—	—	—
Building Mechanical Work	115	1930	10,000.00	—	9,746.80	39,576.88	39,576.88	423.12
Equipment for Storehouse	115	1930	10,000.00	—	—	77.91	9,824.71	175.20
Power Equipment	115	1930	15,000.00	—	9,995.50	—	9,995.50	4.50
Purchase of Certain Land	426	1930	6,000.00	—	20,870.56	92.97	20,963.53	36.47
Laundry Machinery	115	1930	25,500.00	—	25,049.64	—	25,049.64	480.36
Extension Hot Water Lines	115	1930	10,000.00	—	9,790.25	—	9,790.25	209.75
Extension Hot Water Lines	146	1929	12,500.00	—	—	—	—	—
Extension Hot Water Lines	*460	1931	—	—	—	—	—	—
Certain Land	245	1931	5,000.00	—	1,266.84	15,382.00	16,648.84	851.16
Equipment for Heating Plant, etc.	79	1926	10,000.00	—	—	—	—	—
Furnishing Kitchen and Dining Room	398	1926	500.00	—	10,000.00	54.09	10,054.09	445.91
Walks and Roads	245	1931	38,000.00	—	39,084.65	16,225.48	55,310.13	4,689.87
Additional Land	245	1931	30,000.00	—	31,093.07	6,677.17	37,770.24	229.76
Infirmary Building	245	1931	5,000.00	—	—	2,172.11	2,172.11	2,827.89
Employees' Dormitory	269	1931	26,000.00	—	25,632.59	—	25,632.59	367.41
Nursery Building	268	1931	154,000.00	—	139,329.90	9,131.56	148,461.46	5,538.54
Assembly Building	307	1932	150,000.00	2,436.75	35.65	151,275.55	151,311.20	1,125.55
Two Schoolrooms	268	1931	59,000.00	—	56,040.15	2,195.47	58,235.62	764.38
Wrentham State School	268	1931	80,000.00	—	75,144.80	4,669.79	79,814.59	185.41
Furnishing Service Building	245	1931	25,000.00	—	21,008.65	1,546.77	22,555.42	2,444.58
Children's Clinical Building	115	1930	13,000.00	—	12,902.18	—	12,902.18	97.82
Nursery Building	115	1930	57,000.00	—	5,109.50	646.20	5,755.70	244.30
Remodeling Service Building	115	1930	50,000.00	—	55,996.88	951.42	56,948.30	51.70
Purchase of Land	115	1930	40,000.00	—	39,571.04	369.14	49,940.18	59.82
Purchase of Land	115	1930	10,000.00	—	39,980.29	19.11	39,999.40	.60
Furnishings for 1929 Nursery Building	*170	1932	—	—	—	—	—	10,000.00
Piggery	115	1930	6,000.00	—	5,992.73	—	5,992.73	7.27
Piggery	115	1930	4,000.00	—	3,878.92	116.97	3,995.89	4.11

Power Equipment	386	1929	20,000.00 }	—	3,395.78	237.44	3,633.22	16,366.78
Additional Wells	*245	1931	5,500.00	—	2,200.35	—	2,200.35	3,299.65
Additional Sewer Beds	245	1931	15,000.00	—	—	—	12,148.32	2,851.68
Infirmiry Building	268	1931	150,000.00	—	—	12,148.32	147,028.90	2,971.01
Employees' Building	268	1931	112,500.00	—	35.35	147,028.90	112,435.48	66.52
Furnishing New Buildings	268	1931	20,000.00	—	—	8,537.24	8,537.24	11,462.76
Heating Plant Equipment	268	1931	35,000.00	—	—	—	—	35,000.00
Tunnels	268	1931	15,000.00	—	13,774.38	747.56	14,521.94	478.06
Officers' Cottage	268	1931	9,000.00	—	—	8,983.02	8,983.02	16.38
Ovens and Bakery	69	1932	—	8,800.00	—	8,770.44	8,770.44	29.56
<i>New School for the Feeble-minded</i>								
For options, purchase of land, etc.	115	1930	50,000.00	—	—	13,278.50	13,278.50	111,721.50
	460	1931	75,000.00	—	—	—	—	—
Total			\$2,406,800.00	\$43,916.75	\$1,514,085.60	\$600,542.06	\$2,174,627.66	\$276,089.09
Grand Total			\$11,100,700.00	\$125,416.75	\$8,905,979.98	\$1,808,146.95	\$10,714,126.93	\$511,989.82

*Balance Reappropriated.
‡\$2,436.75 transferred to Employees' Dormitory.

TABLE 8. — *Receipts from Paying Patients — By Institutions.*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	1	\$376.28	\$376.28
Boston State Hospital	241	77,362.07	321.00
Danvers State Hospital	362	117,386.71	324.27
Foxborough State Hospital	139	50,635.18	364.28
Gardner State Colony	81	32,144.49	396.85
Grafton State Hospital	49	15,738.65	321.20
Medfield State Hospital	103	40,651.20	394.67
Metropolitan State Hospital	111	35,921.17	323.61
Northampton State Hospital	306	108,425.41	354.33
Taunton State Hospital	172	63,777.10	370.80
Westborough State Hospital	368	129,975.64	353.19
Worcester State Hospital	203	81,246.09	400.23
Monson State Hospital (epileptic)	73	20,897.10	286.26
Total	2,209	\$774,537.09	\$350.63
<i>Schools for Mental Defectives:</i>			
Belchertown State School	37	\$6,716.09	\$181.52
Walter E. Fernald State School	90	17,088.42	189.87
Wrentham State School	59	10,865.02	184.15
Total	186	\$34,669.53	\$186.40
<i>Family Care</i>	1	—	—
<i>State Farm*</i>	8	\$2,357.72	\$294.72
<i>State Infirmary*</i>	19	4,835.32	254.49
<i>Hospital Cottages for Children*</i>	1	5.43	5.43
Total	29	\$7,198.47	\$248.22
Grand Total	2,424	\$816,405.09	\$336.80

*The State Farm which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. — *Trust Funds — By Institutions.*

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1931	Received during Year	Payments	On Hand November 30, 1932
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$405.18	—	—	\$405.18
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,238.68	\$145.18	\$58.50	1,325.36
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,622.76	185.41	—	4,808.17
Worcester State Hospital	4,508.24	158.55	276.03	4,390.76
Monson State Hospital (epileptic)	—	—	—	—
Total	\$10,774.86	\$489.14	\$334.53	\$10,929.47
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$74,441.06	\$7,447.35	\$4,393.01	\$77,495.40
Wrentham State School	1,647.54	124.16	116.20	1,655.50
Total	\$76,088.60	\$7,571.51	\$4,509.21	\$79,150.90
Grand Total	\$86,863.46	\$8,060.65	\$4,843.74	\$90,080.37

TABLE 10. — *Value of Farm and Garden Products per Acre under Cultivation — By Institutions.*

INSTITUTIONS	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	—	—	\$176.04	78.13	—	\$15.74	—	—	—
Boston State Hospital	40.25	\$7,086.04	141.20	107.00	5,199.73	48.59	39.00	\$3,865.80	\$99.12
Danvers State Hospital	103.00	14,544.23	188.48	6.00	150.84	25.14	—	—	—
Foxborough State Hospital	51.00	9,612.70	189.26	188.00	4,061.50	21.60	37.00	2,820.00	76.21
Gardner State Colony	77.30	15,403.21	199.67	80.56	2,822.87	35.04	29.88	2,347.48	78.56
Grafton State Hospital	71.55	14,215.31	198.67	113.00	3,359.21	29.72	33.00	3,580.38	108.49
Medfield State Hospital	67.00	16,568.91	247.29	5.00	70.00	14.00	—	—	—
Metropolitan State Hospital	37.00	7,836.33	211.79	90.00	6,016.64	66.85	40.00	4,555.23	113.88
Northampton State Hospital	41.50	8,640.33	208.20	40.25	1,583.05	39.33	28.00	2,517.95	89.92
Taunton State Hospital	63.00	11,393.14	180.84	110.00	2,519.28	22.90	45.00	4,351.06	96.69
Westborough State Hospital	46.00	11,833.49	257.24	35.00	2,556.75	73.05	35.00	3,500.00	100.00
Worcester State Hospital	91.00	20,065.49	220.49	21.41	1,934.63	89.89	20.00	2,727.71	136.38
Monson State Hospital (epileptic)	57.33	8,190.08	142.85	—	—	—	—	—	—
Total	745.93	\$145,389.56	\$194.91	874.35	\$31,494.50	\$36.02	306.88	\$30,265.61	\$98.62
<i>Schools for Mental Defectives:</i>									
Belchertown State School	60.50	\$12,425.44	\$205.37	4.00	\$306.00	\$76.50	25.00	\$2,975.00	\$119.00
Walter E. Fernald State School	95.00	30,758.13	323.76	97.50	2,609.25	26.76	5.00	657.30	131.46
Wrentham State School	73.00	12,950.86	177.40	46.00	2,002.67	43.53	27.00	2,742.60	101.57
Total	228.50	\$56,134.43	\$245.66	147.50	\$4,917.93	\$33.34	57.00	\$6,374.90	\$111.84
Grand Total	974.43	\$201,523.99	\$205.78	1,021.85	\$36,412.42	\$35.63	363.88	\$36,640.51	\$100.69

TABLE 11. — *Value of Farm Products — By Institutions.*

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital . . .	\$7,086.04	—	—	\$1,295.00	—	—	—	\$4,154.64	—	\$12,535.68
Boston State Hospital . . .	11,900.31	\$2,262.62	\$432.17	9,479.33	\$37,610.34	\$5,210.23	\$3,026.97	8,037.32	\$1,490.06	79,449.35
Danvers State Hospital . . .	6,538.33	3,074.37	370.10	370.10	15,210.89	2,693.54	1,287.64	4,152.84	700.51	34,398.50
Foxborough State Hospital . . .	11,429.08	3,791.65	942.21	8,272.80	32,296.22	2,523.73	2,490.38	5,112.27	1,351.06	68,209.40
Gardner State Colony . . .	10,144.50	2,839.91	3,750.67	6,713.53	36,331.10	3,447.06	1,762.20	6,457.04	1,084.36	72,530.37
Grafton State Hospital . . .	13,896.01	2,672.90	1,847.80	6,939.59	35,827.17	2,652.65	1,769.27	3,971.04	1,168.80	70,745.23
Medfield State Hospital . . .	7,715.37	121.16	39.56	70.00	—	—	—	7,846.09	—	7,846.09
Metropolitan State Hospital . . .	7,892.08	748.45	2,880.49	10,571.87	31,684.75	3,710.38	1,897.12	6,929.44	1,222.19	67,536.77
Northampton State Hospital . . .	8,523.48	2,145.67	1,771.78	5,321.37	26,574.76	3,936.86	2,045.66	5,877.91	892.62	57,090.11
Taunton State Hospital . . .	9,672.27	1,884.26	3,266.40	7,897.32	29,301.03	—	—	3,804.01	1,033.35	56,858.64
Westborough State Hospital . . .	16,440.41	2,830.52	632.12	7,467.46	41,778.56	—	—	4,421.57	1,370.89	74,941.53
Worcester State Hospital . . .	5,557.26	2,632.82	1,726.95	4,652.34	28,466.79	—	—	3,493.26	1,772.56	48,301.98
Monson State Hospital . . .	—	—	—	—	—	—	—	—	—	—
Total . . .	\$116,795.14	\$25,004.33	\$17,660.43	\$69,050.71	\$315,081.61	\$24,174.45	\$14,279.24	\$56,411.34	\$12,086.40	\$650,543.65
<i>Schools for Mental Defectives:</i>										
Belchertown State School . . .	\$9,553.39	\$2,446.05	\$1,950.63	\$3,707.00	\$27,343.27	\$4,231.29	\$3,034.36	\$3,929.58	\$1,826.57	\$58,031.14
Walter E. Fernald State School . . .	24,389.43	5,639.70	7,280.81	3,395.55	35,507.39	—	—	1,382.92	1,800.64	79,996.44
Wrentham State School . . .	9,478.81	3,166.45	2,105.47	3,244.99	30,509.72	4,329.00	2,644.36	2,701.78	538.73	60,719.31
Total . . .	\$44,021.63	\$11,252.20	\$11,345.91	\$12,347.54	\$93,360.38	\$8,560.29	\$5,678.72	\$8,014.28	\$4,165.94	\$198,746.89
Grand Total . . .	\$160,816.77	\$36,256.53	\$29,006.34	\$81,398.25	\$408,441.99	\$32,734.74	\$19,957.96	\$64,425.62	\$16,252.34	\$849,290.54

TABLE A. — *Casualties arranged by Institutions.*

	Males	Females	Patients	Accidents	Injuries
Walter E. Fernald State School	83	15	98	111 ^{4, 7}	123
Veterans' Hospital, Bedford	77	0	77	97 ^{6, 8, 8}	117
Northampton Hospital	26	25	51	55 ^{2, 3, 8}	81
Worcester Hospital	30	27	57	57 ⁹	77
Danvers Hospital	17	28	45	46 ¹	61
Foxborough Hospital	20	18	38	39 ^{1, 10}	50
Taunton Hospital	14	22	36	36 ¹¹	46
Wrentham State School	21	13	34	35 ¹	40
Westborough Hospital	12	12	24	25 ¹	37
Boston Hospital	14	14	28	28	32
Monson Hospital	14	12	26	26	32
Medfield Hospital	4	17	21	22 ¹	29
Grafton Hospital	11	8	19	20 ¹	27
Metropolitan Hospital	9	10	18	18	23
Belchertown State School	9	7	16	16	19
Gardner Colony	10	7	17	17	19
Veterans' Hospital, Northampton	11	0	11	11	15
State Infirmary, Mental Wards	3	8	11	12 ¹	14
McLean Hospital	4	5	9	10 ¹	12
Boston Psychopathic Hospital	2	0	2	2 ⁸	8
Bridgewater State Farm	2	0	2	2	2
Channing Sanitarium	1	0	1	1	2
Hospital Cottages for Children	2	0	2	2	2
Totals.	395	248	643	688	868

¹Two accidents to one patient.²Three accidents to one patient.³Two accidents to two patients.⁴Two accidents to five patients.⁵Two accidents to 14 patients.⁶Three accidents to three patients.⁷Three accidents to four patients.⁸Accident prior to admission.⁹Two accidents prior to admission.¹⁰Four accidents prior to admission.¹¹Six accidents prior to admission.TABLE B. — *Casualties arranged by Institutions and Severity of Injury*

	Fractures	Dislocations	Gun-shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	7	0	0	0	7	1
Boston Hospital	31	0	0	1	32	0
Danvers Hospital	43	3	0	6	52	9
Northampton Hospital	58	1	0	8	67	14
Taunton Hospital	33	0	0	6	39	7
Westborough Hospital	32	1	0	0	33	4
Worcester Hospital	49	2	1	9	61	16
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	14	1	0	2	17	10
Medfield Hospital	18	2	0	0	20	9
Gardner Colony	15	0	0	0	15	4
Foxborough Hospital	34	2	0	5	41	9
State Infirmary, Mental Wards	12	1	0	0	13	1
Metropolitan Hospital	11	1	0	2	14	9
<i>Institutions for the Feeble-minded</i>						
Walter E. Fernald School	29	0	0	2	31	92
Wrentham School	14	3	0	0	17	23
Belchertown School	12	2	0	4	18	1
<i>Special Public Institutions</i>						
Monson Hospital	26	4	0	0	30	2
Bridgewater State Farm	2	0	0	0	2	0
Veterans' Hospital — Bedford	39	1	0	4	44	73
Veterans' Hospital — Northampton	2	1	0	0	3	12
<i>Special Private Institutions</i>						
McLean Hospital	8	1	0	2	11	1
Hospital Cottages for Children	2	0	0	0	2	0
Channing Sanitarium	2	0	0	0	2	0
Totals.	493	26	1	51	571	297

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Respectfully submitted,

MYRTELLE M. CANAVAN,

Pathologist.

REPORT OF THE SOCIAL SERVICE DIVISION

To the Commissioner of the Department of Mental Diseases:

In view of the general economic situation, it is gratifying to be able to report that the activities of the Social Service Division as a whole have not been seriously affected this past year. Reports from institution social workers indicate the increasing difficulties that are being experienced in community placement work because of reduced economic and industrial levels. While the actual number of placements have probably not increased very materially during the year, the activities of the social workers in this respect have increased without proportionate favorable results. In many cases relatives have heretofore been able and willing to take patients for limited periods, whereas now many are unable to do so as they are receiving financial aid and cannot take additional dependents into the family group. Then too, our mental patients are seriously handicapped in competing with normal people in securing employment. However, the present situation is believed to be temporary and efforts to carry on placement work will doubtless continue in some form.

Perhaps a new system may evolve out of present conditions for the community care of certain patients at state expense. It may be that our present family care system may be revised to meet the new needs that have arisen within the past few years. There is a growing feeling that many patients are potential community cases providing that some method may be devised for helping them to adjust gradually to community conditions. Whether this shall be by way of convalescent homes, or in a new family care system or some other way, does not at present appear. Quite apart from the economic value of such propositions, the educational value to the community and the possible therapeutic value to patients are factors worthy of consideration.

In regard to the general functions of the Social Service, there are apparently no changes of any importance. The mental hygiene clinics connected with institutions add considerably to the duties of the Social Service and in some cases are thought to interfere seriously with work for hospital patients. Both kinds of service are desirable and an easy solution may be found in increasing the number of social workers for institutions engaged in community mental hygiene work.

While the duties and activities of the various social service departments vary somewhat in accordance with the needs of the different institutions and with the degrees of interest in social work, the general trend of the Division is toward social case work with varying degrees of professional service. The general functions of our social workers appear to be fairly uniform throughout the State. These functions include placement and supervision of patients, history and investigation work and social case work or service closely related to the social needs of patients.

Previous reports have contained descriptive material relative to the Department course of training for psychiatric social work. Applicants for this year's course numbered 26 persons. Because of our limitations in regard to suitable training centers, but 11 applicants were accepted. The determining factors in selection of students include educational background and personality fitness. Preference is given to college graduates who majored in the social sciences or in psychology. All the students, with one exception, have taken the prescribed work at the Simmons College School of Social Work, attending school twice a week during the school year.

Practically all our former students are now holding social service positions, the majority being in institutions connected with the Department of Mental Diseases.

SOCIAL SERVICE IN THE DIVISIONS

The social work connected with the Division of Mental Hygiene, Division of Mental Deficiency and the Division for the Examination of Prisoners continues along the same general lines previously described in other reports.

The routine history work connected with the Division for the Examination of Prisoners could very profitably be extended to include social work in selected psychiatric cases. It is believed that constructive case work with these clients would add greatly to the value of the diagnostic service connected with this Division.

Social service connected with the Division of Mental Deficiency is confined to the placement and supervision of persons committed to the Department and so-called "voluntary" cases (non-committed), the latter group forming by far the

larger number of cases under supervision. For various reasons, these persons are not committed to the Department largely because we have no funds for caring for economic dependents. On the whole, the social work with the "voluntary" cases appears to be more satisfactory as the cooperation and interest of relatives are among the requirements for acceptance for supervision. There are but two social workers for this Division. Therefore, the amount of work has been governed accordingly.

During the past summer, repeated appeals from some of the leading social agencies and school officials in western Massachusetts have been made to the Division for assistance in the supervision of certain feeble-minded persons living in Pittsfield and vicinity as well as in some of the more remote towns and small cities. There are no available resources in the western part of the state for community supervision of socially inadequate feeble-minded persons and the need appears to be great for work of this kind. It appears to be the general feeling that this section of the state has been neglected in regard to supervision of the mentally deficient.

This matter has been given considerable attention and attempts have been made to extend the supervision service to western Massachusetts. Up to the present time, our efforts in this direction have been without success. It is believed that traveling expenses make such work prohibitive. There are but two social workers in the Division and their time is more than completely filled with their present duties. While the Belchertown State School expressed willingness to take on this new work, it is believed that the School social service department, consisting of two social workers is inadequate, and additional social service personnel has not been favorably considered. This is much to be regretted as the need is obvious and the appeals came from community agencies. Our State Schools are overcrowded and community care of certain types of the mentally deficient seems to be inevitable. It is hoped that some plan may be worked out whereby this section of Massachusetts may be given the assistance that was requested.

CONFERENCE WORK

The monthly general conferences have been held as usual from October to July. The program was arranged with a view to bringing the entire group in touch with local leaders in the fields of psychiatry and social work.

Smaller group conferences of social workers in different parts of the service are also held regularly for the purpose of discussing the particular needs and problems of individual groups with a view to adding to the general efficiency of the entire Social Service Division.

The conference attendance is excellent and exceedingly gratifying and, it is hoped, indicative of the value received from these gatherings. The program for the general conferences is as follows:

December, 1931 — "New Social Legislation" Mr. Theodore A. Lothrop, General Secretary, Massachusetts Society for Prevention of Cruelty to Children.

January, 1932 — "The Application of Industrial Psychiatry to Psychiatry" Dr. L. Cody Marsh, Worcester State Hospital.

February, 1932 — Informal discussion period in absence of scheduled speaker.

March, 1932 — "The Relationship between the Occupational Therapy Worker and the Psychiatric Social Worker" Miss Marjorie B. Greene, Director, Boston School of Occupational Therapy.

April, 1932 — "Mental Deficiency: Its Social Significance" Dr. Ransom A. Greene, Superintendent, Walter E. Fernald State School.

May, 1932 — "The Psychiatric Social Worker and the Supervision of Mental Patients". Miss Mary W. Killam, Metropolitan State Hospital. Reports on the National Conference of Social Work.

June, 1932 — Annual Reports. Social Service Departments.

October, 1932 — "The Social Worker from the Psychiatrist's Point of View" Dr. William A. Bryan, Superintendent, Worcester State Hospital.

November, 1932 — "Social Work with Children" Mr. Alfred F. Whitman, General Secretary, Children's Aid Association.

At our smaller group conferences, subjects to fit the immediate needs of the various sections are selected mainly by the social workers themselves and include

social treatment, record writing, methods used in supervision work, community relationships, the use of social agencies, etc.

SOCIAL SERVICE PERSONNEL.

All our sixteen institutions and three divisions are equipped with social service. Although the Divisions appear to be fairly well supplied with social workers, the institutions appear to be in need of an increased social service personnel.

In institutions, there are 7 head social workers, 15 psychiatric social workers and 22 assistant psychiatric social workers, making a total of 44 social workers in institutions.

Divisions.

Division for the Examination of Prisoners	11
Division of Mental Deficiency	2
Division of Mental Hygiene	4

Student Service.

In six hospital training centers, the students are distributed as follows:

	<i>D.M.D. Students</i>	<i>Smith College Students*</i>	<i>Simmons College Students**</i>
Boston Psychopathic Hospital	—	1	—
Boston State Hospital	3	—	3
Danvers State Hospital	3	—	—
Foxborough State Hospital	2	—	—
Worcester State Hospital	3	4	1
Walter E. Fernald State School	—	—	2

Students from the Simmons College School of Social Work were assigned to the Division of Mental Hygiene for part-time training at irregular periods.

Volunteer workers were located in six institutions.

* Smith College School for Social Work.

** Simmons College School of Social Work.

PERSONNEL — SOCIAL SERVICE DIVISION.

As of November 30, 1932.

INSTITUTIONS AND DIVISIONS	<i>Paid Social Workers</i>	<i>Students Social Workers</i>	<i>Resigna- tions, Dec. 1, 1931 — Nov. 30, 1932</i>	<i>Vacancies on November 30, 1932</i>
<i>State Hospitals:</i>				
Boston Psychopathic Hospital	6	1	2	0
Boston State Hospital	5	3	0	0
Danvers State Hospital	4	3	0	0
Foxborough State Hospital	2	2	0	0
Gardner State Colony	2	0	0	0
Grafton State Hospital	1	0	0	0
Medfield State Hospital	2	0	0	0
Metropolitan State Hospital	1	0	0	0
Monson State Hospital	2	0	0	0
Northampton State Hospital	2	0	0	0
Taunton State Hospital	3	0	0	0
Westborough State Hospital	2	0	0	0
Worcester State Hospital	4	7	0	0
<i>State Schools:</i>				
Belchertown State School	2	0	0	0
W. E. Fernald State School	3	0	1	0
Wrentham State School	3	0	0	0
Total in institutions	44	16	3	0
<i>Divisions:</i>				
Division for Examination of Prisoners	11	0	3	0
Division of Mental Deficiency	2	0	0	0
Division of Mental Hygiene	4	0	1	1
Total in divisions	17	0	4	1
Grand Total	61	16	7	1

Total number social workers in regular service	61
Total number students (part-time)	23
Total number volunteers (part-time)	8
Total number resignations during year	7
Number of vacancies on November 30, 1932	1

GENERAL.

Viewed from the angle of the central office, the Social Service Department as a whole appears to be fulfilling the purpose for which it was created insofar as this is possible under existing conditions. The general morale of the entire Social Service is believed, on the whole, to be excellent. Interest in their work, a team-work spirit, a desire to reach a higher degree of usefulness, a wholesome dissatisfaction with present attainments are among the outstanding attitudes in our group.

The general trend of the Social Service is believed to be in the direction of social case work and related activities. Multiplicity of duties, comparatively small Social Service staffs tend to affect the development of intensive social case work particularly in those hospitals that are conducting mental hygiene clinics.

The ever increasing number of cases coming to the attention of the central social service office for assistance of one kind or another, indicate the need of more extensive community supervision of certain mentally deficient persons in various parts of the State. Inability on the part of the State Schools to meet the needs of social agencies and others relative to custodial care of patients appears to be creating an attitude on the part of many agencies of dissatisfaction with State provisions for socially inadequate feeble-minded persons. It is believed that a few additional social workers for this service would not involve a great deal of expense in that the machinery for this service already exists.

Social service, perhaps more than any other section of the Department, is dependent upon the cooperation and assistance of hospital officials and the Department staff for effective service. Appreciation is hereby expressed for the splendid degree of interest and helpfulness that are given to the social workers throughout the Division.

The steady and unfailing support of the Commissioner is, to a very great extent, the reason for the degree of usefulness that our Social Service Division may have attained.

Respectfully submitted,

HANNAH CURTIS,

Director of Social Work.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:

I herewith submit a summary of the activities which have been carried on by the Division of Mental Hygiene of the Department of Mental Diseases during the year ending November 30, 1932.

The general organization of the Division of Mental Hygiene has remained substantially the same since the Division was created in 1922. Its objectives in relation to clinical work, which bears a direct relation to the prevention of poor mental health, and the research problems as are being carried out in the laboratories for the purpose of acquiring a better understanding of those physiological and biochemical factors which contribute to mental disease are unchanged. The soundness with which the Division was planned and the breadth of its scope have been such that radical changes have not been necessary and those states establishing similar Divisions have found it worth while to investigate and study the Massachusetts plan.

With reference to the clinical work, which represents the first attempt of any state to provide facilities to study the behavior of children, it has been found wise in our attempt to adequately care for the needs of the various communities in which clinics are established to liberalize our policy and to extend the clinic services to all children regardless of age with a few exceptions which will be noted later.

This change in policy has brought us into more intimate contact with the schools and provided for the educational systems throughout the state, opportunities for the better understanding of the varied problems with which the teacher is confronted

than they have had heretofore. The staff of the Division of Mental Hygiene has taken the responsibility upon themselves to educate the communities in which the clinics are located as to the various ways in which the clinic can serve best the organizations dealing with children whether it be the home, school, the social agency, or some institution interested in problems of relief, delinquency, or health.

It has been the policy of the Division to render a service to the state which must necessarily be closely related to the needs of the other existing state and municipal and private organizations in order to avoid duplication of effort. Every attempt has been made to avoid forcing upon a community any service which they were in a position to carry out for themselves and not to infringe in any way upon the prior rights of existing agencies.

Furthermore, an attempt has been made to turn over the responsibilities of clinics organized by the Division of Mental Hygiene at the earliest possible date to any local agency which was in a position to carry on the work. In this way with a rather moderate expenditure of money, a well-organized system of clinics has been developed throughout the state.

A clinic was opened January 1, 1932 in the city of Lowell for the purpose of co-operating with the schools; the clinic being held one day a week at the school clinic building; the cases being referred to a very large extent, by teachers; and for the purpose of acquiring a better understanding of children who are having difficulties either in relation to their conduct or their scholastic achievements. This represents a departure in the program of the Division, but seems justified by the fact that there exists a need for such studies in probably five or ten per cent of all the children attending schools and a better understanding of these children would undoubtedly eliminate many of the scholastic failures which result in children leaving school and not infrequently being thrown upon the family and society as potential conduct problems particularly in times of unemployment. It is too early to evaluate the practical achievements of the Lowell clinic, but there is no reason to believe but what it should serve a most useful purpose.

During the past year the Division has been successful in developing a closer relationship between the schools and the field of mental hygiene. Through the clinics co-operation has been developed that greatly aided in getting the mental hygiene point of view over to the teachers, whom we look upon as being among those most influential in adequately preparing the child for later life. Until the basic concepts of mental hygiene are better understood and assimilated by the teaching profession, certain definite misconceptions of the clinic and of mental hygiene as a whole will exist. It falls logically within the province of a mental hygiene clinic to exert every effort in correcting these misconceptions and helping the teacher to acquire a working knowledge of the principles of mental hygiene that will aid them not only in their teaching, but enable them to effect a well rounded out character development of children in their care.

As a step in this direction, plans have been made in several communities where clinics are operating, for the clinic and the school to confer at regular intervals and discuss school cases. At these meetings the child's teacher, principal, the school superintendent and others who may be interested, participate in the case discussions. It is these frank discussions of personality problems in general that reveal the common ground between the clinic and the teachers and prove that the clinic is a valuable adjunct to the school organization. Such an arrangement has worked out most advantageously, both from the standpoint of the school and the clinic.

The clinic at the Boston Dispensary has increased its service, and all arrangements are complete to have the clinic held twice a week instead of once. Special quarters have been provided in order that the clinic may function as an integral and recognized division of the Children's Medical Service. The age of admission is now set at the ten year limit. Hand in hand with the increase in clinic service has come an encouraging manifestation in interest on the part of the Dispensary pediatricists who appreciate that an understanding of personality and environmental factors are necessary for efficient diagnosis and treatment in a large majority of their cases.

The consulting service contributed to the North Reading Sanatorium by the Division since 1928 has completed another successful year, and as a result of a

survey and recommendation made by the Clinic, a new worker was added to the Sanatorium personnel to provide the children with a program of extra-curriculum activities. This has been conducted along the lines of occupational therapy and fulfills a long-felt need, besides being an expedient solution to many of the behavior problems which the regular program of the Sanatorium seemed inadequate to meet.

In January, 1932, the Holyoke Child Guidance Clinic which the Division of Mental Hygiene started in June, 1931, was taken over by the Northampton State Hospital and the staff which had previously been supplied by the Division was replaced by the Hospital.

The Beverly Habit Clinic which the Division organized in March, 1925, and conducted with gratifying results for seven years was given over to the Danvers State Hospital on April 13, 1932.

The problem of adequately training personnel to staff the clinics which are dealing with these behavior problems of children is a vital part of the whole plan. For that reason an effort has been made by the Division to take physicians on from time to time in order that they may receive this training. Special courses have been organized with the co-operation of the Boston Psychopathic Hospital and the facilities of the clinics which have a well-trained, experienced personnel are used as centers of training.

The Division of Mental Hygiene has continued to promote an interest in the medical training of men in the field of psychiatry. This has been brought about by the co-operation between Tufts College, New England Medical Center, and the State Hospitals. Every fourth-year student at Tufts Medical College is required to spend one month at a State Hospital where he is brought in contact not only with the activities going on within the hospital, but with the varied services which the institution renders to the community. In this way, we have reason to believe that an interest is being created in psychiatry which will serve a most useful purpose in helping to supply the needs of a high-grade personnel in our State Institutions.

The following is a summary of the work done in the past year at the Boston State Hospital by the research group headed by Dr. Abraham Myerson.

The following research projects have been undertaken by the staff of the Division of Mental Hygiene during the past year:

1. *Follow-up Study of Pre-Delinquent Children who were Habit Clinic patients before the age of ten:* By Myrtle C. Tandy; By Leonore Lane.

2. *Personality Study of the Parents of Habit Clinic Children:* By Arthur Berk; Leonore Lane; Myrtle C. Tandy.

3. *Correlation of the Problems of Habit Clinic Patients with the Problems of their Parents:* By Arthur Berk; Myrtle C. Tandy; Leonore Lane.

4. *Study of Two Hundred Italian Habit Clinic Patients:* (Started in November, 1932)

5. *Effects of the Depression on one's Mental Attitude:* (Material gathered for staff presentation in March, 1932). By Douglas A. Thom; Leonore Lane. Also, coding and statistics — By Leonore Lane.

The following publications written by the members of the Division of Mental Hygiene have appeared during this last year:

1. "Psychotherapy in Private Practice" — Douglas A. Thom. Read before the American Psychiatric Association; June, 1932 — to be published in the American Journal of Psychiatry.

2. "The Significance of Mental Hygiene in College" — Douglas A. Thom and Mabelle B. Blake; June, 1932.

3. "Habits; their Formation, their Value, their Danger" — Douglas A. Thom — Mental Hygiene; July, 1932.

4. "Mental Hygiene and the Depression" — Douglas A. Thom — Mental Hygiene, October, 1932.

5. "The Psychology of the Habit Clinic" — Psychological Exchange; October, 1932; Rose S. Hardwick.

First: A series of researches has been carried out on the biochemistry of the brain during the administration of certain drugs. The effect of insulin on the brain has been studied. During insulin administration, at the height of the reaction the spinal fluid pressure and the intracranial pressure rise considerably; the use of oxygen by the brain is reduced; the sugar falls rapidly. They believe that the rise in pressure within the brain and the diminished use of oxygen by the brain account for the nervous symptoms which are experienced during the administration of this substance.

Second: Extensive studies have been made on the effect of amytal. During amytal anesthesia, the brain chemistry changes but very little. The main effects of amytal are, first, a drop in blood pressure, and second, an unusual and marked reduction in the basal metabolism. They believe that this work, which is in large measure original in the human being, is giving them a strong lead in the direction of further study on experimental hyperthyroidism and its possible control by amytal. Researches in this direction are now going on.

Third: They carried on extensive cholesterol studies. The range of cholesterol in the content is very extensive, and it varies from day to day in an unaccountable way. They believe that a great many studies which have been made have not taken this into account. They have not found that there was any substantial difference in the cholesterol content of the brain during experimental conditions.

Fourth: The laboratory has also been carrying on extensive studies in cerebrospinal fluid pressure, attempting to establish the relationship between the physical conditions under which the pressure changes take place. To do this, new devices have been introduced. Results thus far indicate that the change in pressure in various positions of the body is directly related to the height of the column of the fluid.

Fifth: Extensive series of hematological studies have been worked out. In Group A, cases of pernicious anemia were treated. Mental diseases in pernicious anemia occur not infrequently. In Group B, a very extensive series of cases of secondary anemia was carried on, treating them with various products, in many cases to the improvement of the patients. A thorough study of the hematology of the patient is of great importance, in that a certain number of cases will be found in any hospital which require treatment for the anemia.

Their main approach to the problem has been through chemistry and physics as well as through the general physiological techniques and they are accumulating a body of data which will ultimately be of considerable importance.

Dr. Myerson also wishes to report that he has been carrying on some researches with Dr. Raskin of the pathological laboratory of the Boston State Hospital. First, is a thorough pathological investigation of the hypothalamus, which is a series of structures at the base of the brain, in which the control of the organic bodily functions is believed to be located. This is almost a new subject and one they believe of fundamental importance in neuropathology. Second, they have been experimenting with new pathological techniques for the staining and study of the central nervous system.

Publications: Two papers which appeared in the *Archives of Neurology and Psychiatry* on the pressure conditions within the brain under changes of posture and under the use of drugs. ("Internal Jugular Venous Pressure in Man: Its Relationship to Cerebrospinal Fluid and Carotid Arterial Pressures" by A. Myerson, M. D. and J. Loman, M.D., *Archives of Neurology and Psychiatry*, April, 1932, Vol. 27, pp. 836-846. "The Action of Certain Drugs on the Cerebrospinal Fluid and on the Internal Jugular Venous and Systemic Arterial Pressures of Man" by J. Loman, M. D. and A. Myerson, M. D., *Archives of Neurology and Psychiatry*, May, 1932, Vol. 27, pp. 1226-1244.) These may be summarized somewhat as follows: With changes in posture, marked changes in the arterial, venous and cerebrospinal fluid pressures take place. These changes are also related to exertion. This gives a clue to the symptoms which patients experience after brain injury, with hypertension and with other conditions of the brain, when they feel headache and dizziness, as a result of change of posture and exertion. They also found that certain drugs in man raised the pressure markedly and that others operated to lower it. In the past, this rise and fall in pressure has been believed to be related to the venous pressure within the skull. They found in the case of histamine and caffeine

that the rise and fall was not associated with venous pressure; in other words, that it took place independently. Histamine thus causes the cerebrospinal fluid to increase without increasing the venous pressure and caffeine lowers the spinal fluid pressure without changing the venous pressure. These experiments are of importance because they establish the conditions under which pressure changes in the human being, past work having been on animals and under anesthesia, conditions which greatly modify the true result.

There was published a paper on "Direct Arterial Blood Pressure Readings in Man" by W. Dameshek, M. D. and J. Loman, M. D. in the *American Journal of Physiology*, June, 1932, Vol. 101, p. 140. This paper was the subject of a leading editorial in the *Journal of the American Medical Association*. ("The Technic of Measuring Blood Pressure" *Journal of the American Medical Association*, Vol. 99, No. 4, July 23, 1932; p. 310.)

With the exception of the chemist and physicist, those who work in the department are on part-time; the director is unpaid. If more time could be given to the researches, the results would more than correspondingly increase in value.

The Division of Mental Hygiene has co-operated with the Boston Psychopathic Hospital and the Harvard Medical School in carrying out various researches of a clinical and laboratory nature. This work has been under the direction of Dr. H. C. Solomon who is in charge of these investigations all of which are directly concerned with acquiring a better understanding of the underlying factors causing mental disease as well as with intensive treatment of special groups. The following is a summary of the activities directed by Dr. Solomon and the publications which have resulted from these research activities.

First: There has been a continuation of work of previous years in the studies of stuporous patients and their responses to high percentages of carbon dioxide and certain sedative drugs. Careful studies have been made of the physiological effects produced by the breathing of high percentages of carbon dioxide. The changes thus produced were imitated to a large extent by other means than carbon dioxide. It has been shown that the arousal from stupor is not solely dependent upon any one or any particular group of physiological factors which have been given the credit for such arousal by certain other investigators. It has been indicated that some shock to the body economy was the essential factor in the arousal, and it has been further shown that there are a variety of shocks that are efficacious in this regard. It is further shown that the psychological setting in itself was insufficient to have caused the arousal, but that various psychological factors do enter in to alter the response — at times re-enforcing and at times interfering with it. This work has been reported in the February number of the "Archives of Neurology and Psychiatry." A second report is being prepared for publication in a physiological journal giving more details concerning the physiological and biochemical findings. This work is being continued.

Second: It has been found that a number of hospital patients have a degree of acidosis unusual in normal people. This work is still in process of study, but so far it has been found that while the acid-base balance of the patient is normal, several conditions exist which alter the ability of this mechanism to retain a suitable reaction in relation to the body tissues. In some cases a diminished oxygen capacity has been found, which by altering the slope of the carbon dioxide dissociation curve allows a patient with a normal content of carbon dioxide to remain in a slightly acidotic condition. Without going into the details of these findings, it may be pointed out that these observations find some confirmation in the work of the English investigators, Golla and Mann, whose investigations are less direct and depend upon secondary manifestations in the urine. It is suggested that there is in these cases a diminished sensitivity of the respiratory centre.

Third: Some cases have been found in which there is a limitation of the hemoglobin capable of combining with oxygen. This is possibly due either to the immature form of the hemoglobin or to the effect of some toxic substance. The relation of these findings to the frequent observation of the lowered basal metabolic rate in some psychotic patients is a matter for further study. At any rate, it

seems perfectly well shown that the functioning of the bodily system having to do with acid-base regulation and of oxygen transportation is not entirely normal.

Fourth: Epilepsy. Studies were made relating to epileptic patients. Unfortunately this work had to be discontinued prior to its completion because of lack of funds. Of particular note at this time is the evidence produced in the laboratory that the most stringent acidotic diets that could be accepted by patients did not produce the degree of acidosis usually supposed to occur. It was further shown that dehydration produced as much acidosis as vigorous acidotic diet, but did not produce a degree of dehydration sufficiently great to be determined in blood studies.

Fifth: Studies in the lactic acid metabolism indicate that many of the theories of its metabolism now in general acceptance are not exact. There has been evidence obtained by others that a disturbance in the lactic acid metabolism is responsible for the feeling of marked fatigue expressed by some neurasthenic patients. This line of approach offers some extremely interesting possibilities.

Sixth: While diathermy fever is being used for the treatment of cases with general paresis, its effect on the body mechanism is being carefully studied. At the present time investigation of the effect of diathermy fever on the acid-base balance, the cardio-vascular system, the basal metabolic rate, the haematopoietic system, are being made, with the hope of being able to determine the reason for the beneficial effects of fever.

Dr. S. H. Epstein continues his activities, and with the assistance of Dr. I. Kopp has been very largely responsible for the conduct of the neurosyphilis clinic and the study of the effect of various methods of treating paresis. In addition to this work, Dr. Epstein has investigated the effects of some of the non-volatile anesthetics such as pentobarbital, sodium amytal, and avertin, in the control of excited patients and especially of their value in the facilitation of lumbar punctures.

Dr. Epstein has devoted considerable attention to improving the technique of encephalography. One of the difficulties encountered in encephalography is the discomfort suffered by the patient. The work itself is made difficult at times by the patients vomiting, which interferes both with the injection of air and the roentgenograms. It has been shown that this work can be greatly improved by the use of non-volatile anesthetics. Under such anesthetic most of the difficulties mentioned are entirely avoided. In order to make it possible to carry out the encephalography under such anesthetics, a special table has been developed by Dr. Epstein in association with Dr. Hanflig, an orthopedist. Reports of this work have already been published.

A complete filing system for cases of neurosyphilis has been made during the year consisting of cross index cards by diagnosis and name, type of therapy, results, social status, etc., allowing for a more adequate reference to cases. The installation of this rather elaborate index was made possible by the volunteer services of two workers, Miss Rena Richter and Miss Oona Ryan.

Dr. Kopp, in addition to his more or less routine work in the care of patients and in addition to his assistance to Dr. Epstein, has been making studies on the effect of hyperpyrexia induced by diathermy on the basal metabolic rate, and has a paper ready for publication on this work. He has also been studying the effects of some of the anti-pyretic and sedative drugs in relation to diathermy fever.

Dr. Merrill Moore, a Commonwealth Fellow in Psychiatry has devoted part of his time and energy to the studies in neurosyphilis, and with Dr. Houston Merritt, of the Boston City Hospital Neurological Staff, is preparing a treatise on neurosyphilis.

The clinic devoted to the treatment of neurosyphilis, has continued to increase in size. A study of cases of general paresis treated with malaria between February, 1925 and February, 1931, has been completed. The series consists of 174 patients. The study shows that 65 or 37.3% of these 174 patients were sufficiently improved to be back at work, while 22 or 12.6% more are improved sufficiently to be living in the community. In other words, one-half of these 174 paretic patients have been able to live outside the hospital; 22 or 12.6%, while improved, have had to remain hospitalized for various reasons, chiefly economic, but are relatively adequate workers under institutional conditions. It should be mentioned that these results have been obtained not by malaria alone, but by a malarial therapy assisted by such drugs as tryparsamide, arsphenamin, and bismuth.

Studies of the effect of tryparsamide treatment without malaria are now being made as well as the effect of treatment in other types of neurosyphilis than general paresis.

Since March, 1931, investigations have been made on the effectiveness of fever produced by diathermy in the treatment of neurosyphilis. It is not yet possible to make a complete evaluation of the effect of this form of treatment as compared with other types of treatment. A more definite conclusion will be reached before too long. However, there is considerable evidence that this treatment has particular value in certain conditions such as tabetic crises, and it is certainly of use in cases in which malaria is not considered advisable. It may be mentioned in relation to the diathermy work that the money for the purchase of the necessary apparatus was obtained from the DeLamar Mobile Research Fund of the Harvard Medical School.

The following table gives the statistical summary of the work done in the treatment of neurosyphilis for the hospital year 1932.

Visits made by 452 persons	5,647
By 315 persons to clinic for treatment	5,397
By 137 relatives for examination	250
Total treatment given 315 cases	5,040
Acetarsone 15	Malaria 39
Arsphenamin 822	Neoarsphenamin 126
Bismuth 693	Tryparsamide 2374
Diathermy 326	Typhoid vaccine 117
Intraspinal 20	Ventriculographies 1
	Encephalographies 7
Diagnostic lumbar punctures	1,136
Per cent of new families followed who were examined	77.1%
Per cent of new relatives followed who were examined	74.5%
Per cent of families examined showing evidence of syphilis	23.6%
Per cent of relatives examined showing evidence of syphilis	15.2%

Publications of the Department of Therapeutic Research:

- SOLOMON, HARRY C.: The Treatment of Neurosyphilis. The Urologic and Cutaneous Review, April, 1932, Vol. 36, No. 4, pp. 223-238.
- SOLOMON, HARRY C. AND EPSTEIN, S. H.: Encephalography under Narcosis Produced by Non-Volatile Anesthetics. Journal of the American Medical Association, 98: 1794, May 21, 1932.
- SOLOMON, HARRY C., EPSTEIN, SAMUEL H., AND BERK, ARTHUR: The Differential Effects of Arsphenamine and Tryparsamide. American Journal of Syphilis, Jan. 1933, Vol. XVII, No. 1, pp. 45-52.
- D'ELSEAUX, FRANK C. AND SOLOMON, HARRY C.: The Use of Carbon Dioxide Mixture in Stupors Occurring in Psychoses. Archives of Neurology and Psychiatry, February, 1933, p. 213.
- EPSTEIN, SAMUEL H. AND DAMESHEK, W.: Involvement of the Central Nervous System in a Case of Glandular Fever. New England Journal of Medicine, 205, p. 1238, December 24, 1931.
- EPSTEIN, S. H. AND MARVIN, F. W.: Observations on Pentobarbital Sodium in Lumbar Punctures, Convulsive and Manic States. New England Journal of Medicine 207:258, August 11, 1932.
- MEREDITH, LOIS, AND SOLOMON, MAIDA H.: The Trend Study. News Letter, American Association of Psychiatric Social Workers, Vol. 1, No. 4, January, 1932.
- EPSTEIN, S. H. Chemotherapy of Neurosyphilis. Rhode Island Medical Journal, Vol. XV, No. 11, November, 1932.

Prepared for Publication:

- SOLOMON, H. C. AND KOPP, I.: Metabolic Rates at Different Temperature Levels in Hyperpyrexia Induced by Diathermy.
- EPSTEIN, S. H. AND LOTT, GEORGE: Lumbar Punctures in Psychotic Patients, Journal of Nervous and Mental Diseases.

- EPSTEIN, S. H. AND HANFLIG, S. S.: A New Apparatus for Encephalography. *American Journal Roentgenology*.
- SOLOMON, H. C., MERRITT, H. H. AND MOORE, MERRILL.: The Iron Reaction in Paretic Neurosyphilis. *Archives of Dermatology and Syphilis*.
- SOLOMON, H. C. AND MOORE, MERRILL.: Hereditary Syphilis, by L. Babonneix: (To appear in the *Archives of Neurology and Psychiatry*).
- MERRITT, H. H. AND MOORE, MERRILL. Cases of Tumor of the Brain Associated with Marked Pleocytosis in the Cerebrospinal Fluid. *Journal of Neurology and Psychopathology*.
- SOLOMON, H. C. AND EPSTEIN, S. H.: Treatment of Neurosyphilis. Malaria in the Treatment of General Paresis.
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Dr. Arthur McGugan has been carrying out some biological researches on the subject of heredity, a most important problem in relation to mental disease. By virtue of elaborate staining and photographic methods, morphological features hitherto not recorded, have been recognized and abnormal types of germ cells have been isolated and classified.

Proceeding upon the hypothesis that heredity is an important factor in the production of defective and psychotic individuals and that we know little, if anything, about the way in which this factor operates it was decided to initiate several lines of inquiry bearing upon the problem.

The germinal protoplasm being the only possible organic carrier influence from antecedent to descendant of deteriorating it was selected as the first subject for study.

Through the co-operation and assistance of Dr. Elmer E. Holt of the Medfield State Hospital there was established there a laboratory for this purpose equipped with special apparatus and material purchased with part of the appropriation made by the Department.

The first step in the study was to determine the most satisfactory staining methods for delineation and photography. For the earlier stages of experimentation the spermatazoa of the bull was selected, using animals from the hospital herd. When satisfactory results were attained the method was applied to presumptive normal human material obtained through the co-operation of gynaecologists and urologists. This being found, with some modification, to reveal the minute structure of this much smaller object the observation was carried over into the field of psychotics and of other defective classes.

The results of the years work are:

The elaboration of a staining and photographic method which reveals morphologic features not hitherto recorded and which enables us to recognize and classify over two hundred types of human spermatazoa and also makes possible a differential count on any specimen submitted. Finally, the many microphotographs made of material from abnormal humans show clearly the preponderance of abnormal types of spermatazoa.

The laboratory work involved was carried on by W. W. Williams, D. V. M. (Cornell) with the assistance of H. E. Carpenter, B. Sc. The project was directed by Dr. Arthur McGugan, formerly Professor of Neuro-psychiatry, University of Colorado and latterly Clinical Director, Worcester State Hospital.

The following report of the research activities has been submitted by Dr. F. H. Sleeper, resident Director of Research at the Worcester State Hospital, and reports the joint undertaking of the Division of Mental Hygiene, the Worcester State Hospital, and the Memorial Foundation for Neuro-Endocrine Research.

During the year the "seven month" plan was completed, certain of the results have been analyzed. It is evident that patients with reaction types included under the heading of schizophrenia suffer from a disordered homeostasis. Many of the patients show an extremely labile type of response to various tests, when these

tests are repeated without the patient receiving medication. On certain days, the patient gives a normal response, on others a depressed finding. This accounts to a large extent for the contradictory findings so common among research workers in this field. The plan has demonstrated a fluctuating organic background to the psychosis, which is not necessarily associated with changes in the mental picture.

A resume of some of the more important results obtained during the year will be given.

A commercial glycerin extract of adrenal cortex was found to be effective in elevating the blood pressure when given by mouth. This observation held true in 100% of ten cases to whom the medication was administered. In the majority of cases there was a slight increase in body weight under this treatment. It was also found to have a mildly stimulating effect on the haematopoietic system. The mental symptoms in these patients were not altered by the medication given over a period of ten weeks. An article on the complete study of Drs. Hoskins and Freeman, giving details, was accepted for publication by "Endocrinology" and will appear early in 1933.

In oculocardiac studies which have been completed by Dr. H. Freeman, pressure was applied in terms of millimeters of mercury to each eye separately and to both eyes. In normal controls, for each 25mm. change in pressure, there was a change of four beats in the pulse rate. In cases of dementia praecox the average change was two beats but the findings were not consistent. This suggests a disturbance in the vagal regulatory mechanism of the heart.

Study of the sedimentation rate was carried out on 50 normal controls and 50 subjects. There was essentially no difference in the rate between the schizophrenic and normal subjects when infections were definitely ruled out. Repeated tests seemed to show characteristic rates for each individual in the absence of infection, utilizing a special technic modified from Rourke's procedure. It has been possible to further simplify the test whereby fewer readings have to be made with consequent saving in labor.

Utilizing the Weiss technic for studying blood velocity our schizophrenic subjects show definite stasis in comparison with Weiss's hospital controls. The average time for our cases in the first series studied was 25 seconds from the arm to the carotid sinus whereas in Weiss's controls the time was 15 seconds.

The study of blood velocity is merely one of a battery of tests by means of which we hope to determine definitely whether insufficient oxygenation of the tissues plays a significant role in the etiology of the psychoses. Many of our findings, the lowered oxygen consumption, the failure of bilirubin obtained by duodenal drainage to be oxidized to biliverdin, the secondary anemia, suggest that the tissues do not obtain sufficient oxygen.

Pharmacodynamic studies have been only partially analyzed. Preliminary indications are that the autonomic nervous system in schizophrenic subjects responds differently from that in normal subjects. Schizophrenics respond less to adrenalin and more to atropine than normal controls. No final conclusions regarding these results will be drawn until the effects of the administration of eserine and ergotamine have been analyzed. All these drugs were given intravenously and repeated at three-monthly intervals.

The ability of the patient to utilize sugar is markedly lowered and tends to fluctuate markedly. Fully half of the patients show this lowering of carbohydrate tolerance. This is one of the most complicated fields of human physiology and a conclusive explanation of the phenomenon cannot be offered at this time. Several projects are under way for the further investigation of the subject.

Secondary anemia is present in 66% of the cases. In 88% we have been able to definitely increase the red count by means of thyroid medication. A paper on "Studies in Thyroid Medication — Some Conditions Determining the Haematopoietic Effects" by Hoskins and Jellinek appeared in *Endocrinology*, Vol. 16, No. 5, September-October, 1932, Pages 455-486. It was discovered that a diphasic effect resulted from the administration of thyroid substance. In the case of 52 patients initially anemic, the red cell count first increased and then decreased as the dosage was raised. There is, therefore, an optimal dosage for this substance. The beneficial effect of a given dosage decreased with age. A more pronounced effect was obtained in patients in normal nutrition than in underweight or over-

weight patients. Results are non-specific. They indicate that thyroid medication is of general utility for the treatment of secondary anemia and that age, nutritional status and the basal metabolic rate, as well as dosage and duration of treatment, are significant factors in determining the degree of effect obtained.

In schizophrenia a common observation is an increase in the white cells of the blood. During the year the effect of posture on the count was investigated partially. There is an average increase of 2,000 cells brought about by merely having the patient sit up for five minutes. It is planned to further investigate the lability of the white count in these patients. In only one or two of our cases with a high white count was there a shift in the Schilling index which would suggest infection as a cause for the leucocytosis.

The blood volume in dementia praecox subjects differs very slightly from that of normal controls.

An interesting observation that has come from the work of the past year is the fact that the venous oxygen content is markedly lowered in approximately 75% of the cases. We have been unable to explain this phenomenon to date.

A new and simpler technic for the collection and handling of blood samples for gas analyses was developed during the year by Dr. Looney.

A rather complete investigation of the liver, by means of various carbohydrate tests, the icterus index, the van den Bergh test, bromsulphalein tests, McClure tests, and Ehrlich's tests, and the examination of blood and urine for aromatic substances after the ingestion of tyrosine, shows that the liver is involved in a fair percentage of the cases. The material is so complex that it does not lend itself to a report of this kind. Suffice it to say that there is very little correlation between the tests, as is to be expected, because of the partial functions that the liver subserves and because of its numerous functions. It is a well-known clinical fact that one function of the liver may be seriously damaged and the others remain intact.

The gastro-intestinal emptying time is delayed in approximately two-thirds of our cases. This has been shown to be due in most patients to relative physical inactivity which is frequently correlated with ptosis of the transverse colon, and a lowered oxygen consumption, the latter possibly not of primary significance, however, in its etiology.

In fully two-thirds of our patients, the urinary output is much greater than in our normal controls, many of the patients voiding as much as six litres per day. This is definitely suggestive of lesions in the vicinity of the pituitary gland or the hypothalamus. Investigations of this condition are under way.

In a paper on "Blood Pressure in Schizophrenia" by Drs. Freeman, Hoskins, and Sleeper, *Archives of Neurology and Psychiatry*, February 1932, Vol. 27, pages 333-351, in which 180 schizophrenic patients were studied, the mean systolic pressure of the patients was shown to be 11.2mm. lower than the normal control subjects and the diastolic pressure 16.7mm. lower than the controls. The psychiatric groups vary but slightly in their mean systolic pressure — the paranoid group has the highest and the catatonic the lowest reading.

Preliminary studies on the amount of male sex hormone excreted in the urine of these patients indicate that in a fairly high percentage there is a lack of this hormone. This function again fluctuates from month to month. Our studies are too few in number to draw conclusions but are suggestive of the need for much more work along this line.

A paper "Endocrine Therapy in the Psychoses" by Drs. Hoskins and Sleeper, appeared in the *American Journal of Medical Sciences*, August, 1932, No. 2, Vol. 184, Page 158. In this paper, the statement was made that in all probability the psychoses are influenced in a variety of ways by the endocrine status of the subjects. There is abundant justification for elaborate and long continued diagnostic and therapeutic studies of the significance of endocrine factors. Successful results from endocrine medication in a variety of psychiatric cases have been reported but in general control subjects have been inadequate or totally lacking.

During the year a constant temperature room was constructed for our investigations on skin temperature necessary in association with our studies on water metabolism and the autonomic nervous system. We have purchased a Benedict-Collins skin temperature apparatus for the same study. Equipment for cardiac output studies by the Grollman technic was also purchased, as well as a Douglas

bag. We now have equipment for the investigation of the specific dynamic action of protein and further nutrition studies. Our patients in spite of their lowered oxygen consumption and relatively heavy diets are on an average 15% underweight which points to malassimilation of foodstuffs.

We have been able to evolve a preliminary yardstick for measuring improvement or regression from a psychiatric standpoint. We feel that there are approximately 32 mental characteristics for these patients which can be measured quantitatively on a five point scale.

The mental age of schizophrenic subjects as determined by the Otis and Stanford-Binet tests fluctuates from time to time and seems to be of value in determining regression and improvement.

Some of the Psychology tests have given us leads as to what type of employment we should utilize for our patients.

During the year a Miles Pursuit Meter and an oscillograph have been constructed by the Psychology Department workers.

In this department, the following projects have been completed or are practically completed at the time of this report; because of lack of space we will merely enumerate the subjects, amplifying slightly only a few of them: —

1. Color blindness in schizophrenia and the psychoses.
2. Motor learning in schizophrenia and normals as measured by the Ferguson V. Formboard.
3. The Worcester 2C Formboard as a measure of learning in schizophrenia and normals.
4. The effect of sex on Kent-Rosanoff Association results.
5. "Motor Representation" in schizophrenia and in normals.
6. Observation experiments in schizophrenia — The application of Lewin Technics to schizophrenia.
7. Reaction time in schizophrenia — The individual variations discovered may possibly be of value as a measure of "attention" in this group.
8. "Steadiness" in schizophrenia — Achieved on a Dunlop Steadiness Test.
9. First report on mental tests in schizophrenia — First analyses of data collected for four years on various mental tests.
10. Certain aspects of neuro-muscular coordination in schizophrenia. Results obtained show significant differences between schizophrenics and normals and consistent differences between sub-types of schizophrenia.
11. The latent time and refractory phase of the knee-jerk in schizophrenia as measured by the method of muscle thickening. Preliminary study to oscillographic study, which indicates that latent time is greater in schizophrenics and that high correlation of time and height found in normals is absent in schizophrenics. This finding, which has been reported before, opens up interesting possibilities for attempts at varying the time therapeutically and for further investigation of the cause of the phenomenon.
12. The Heilbronner Test in schizophrenia and other psychoses.
13. The Heilbronner Test in normals.
14. Preliminary analysis of mental status project — Preliminary analysis of attempt to quantify the mental status examinations on a rating-scale basis.

The Psychology Department has presented the following papers during the year:

1. DAVID SHAKOW — "Experimental Psychopathology and the Worcester Schizophrenia Study." Brown University, February 8, 1932.
2. PAUL E. HUSTON — "Some Psychological Experiments of the Schizophrenia Study." Brown University, February 8, 1932.
3. MARIA RICKERS — "The Application of Lewin Techniques in Psychopathology." Brown University, February 8, 1932.
4. MARIA RICKERS. — "Lewinische Psychologie" — Harvard and Clark Psychological Group, State Hospital, February 11, 1932.
5. DAVID SHAKOW — "Certain Aspects of Neuro-Muscular coordination as Measured by the Prod Meter." American Psychological Association, September, 1932.
6. PAUL E. HUSTON — "Certain Aspects of Neuro-Muscular Co-ordination as

Measured by the Pursuit Meter." American Psychological Association, September, 1932.

7. DAVID SHAKOW — "Certain Problems in Learning in Schizophrenia." Clark University, October 26, 1932.

During the ensuing year, we plan to direct our efforts primarily to individual projects which demand immediate attention. The question of oxygen utilization, the investigation of various hormones in the urine and blood, the investigation of the cause of polyuria in a majority of the cases are a few of the physiological aspects of the problem. Certain therapeutic leads will be followed. Further analysis of the correlations between the many psychiatric, physiological and psychological leads will be made. The purely psychiatric aspects of the problem are the most difficult to handle quantitatively in a given case. We feel that we have made real progress in this aspect of the work and this must be greatly amplified. Many papers covering different parts of the work are ready for publication and during the next year particular emphasis will be given to laying the results of the research before the psychiatric profession.

The cooperation between all workers has been extremely gratifying. Esprit de corps is excellent. Most of the staff have worked together from three to five years and excellent team play is thereby possible.

During the year, we lost two physicians and one social worker because of financial stringencies.

Dr. Samuel W. Hartwell submits the following report for the year ending November 30, 1932 with reference to the activities of the Worcester Child Guidance Clinic.

The clinic is organized and conducted primarily as a treatment clinic. Back of this and running through the entire clinic setup is the idea that facts bearing on mental hygiene principles should ultimately be determined by a thorough study of the children, and carefully kept case records. Most of our cases are long time treatment cases. There is considerable work of the clinic that is not apparent in the statistical report.

Among these activities is advice and suggestions frequently given by our social workers to parents and others who refer children to the clinic where the children are not taken as treatment cases. Such problems as habits in younger children, and mild delinquency or problems arising largely from the mental retardation of the child are not accepted as clinic cases, and yet at the time the child is referred at the clinic considerable attention is given to the problem and advice given the parents on this basis. Often these parents come back for further advice and to report the results of carrying out our suggestions, and are again advised.

There are also a considerable number of older boys and girls who come to the doctors or social workers in the clinic for specific advice about individual isolated problems who are not entered as clinic cases in our statistics.

In the case of nearly every child treated over any long period of time by the clinic there will be some adults who are also being given treatment in one form or another. As will be seen from a study of the statistical report, the number of interviews with parents and agency workers is considerably in excess of the number of interviews with children. This is partly accounted for by the fact that the interviews with the children are usually longer, but also may be accounted for by the fact that in numerous cases the child need only be seen occasionally while the parents will be seen frequently over a long period of time.

During the year our social workers have taken a few parents, chiefly those with neurotic tendencies or with a neurosis developed, and have carried on intensive attitude therapy. Because of the pressure of work but few cases can be so intensely treated since they do involve considerable time. However, the results that we have seemingly obtained by this form of treatment are highly encouraging and seem to indicate that ultimately a child guidance clinic staff must have some trained workers who are doing this form of psychotherapy.

In addition to the education plan of the clinic, which is indicated by the report on the number of talks and lectures given, the clinic has made during the year considerable effort to more thoroughly inform its association in such ways as giving case reports to them and discussing with them some of the treatment problems.

The members of the staff of the clinic frequently continue contact with the treatment of children who are committed to various institutions or attending private schools.

During the year a group of little boys, all borderline delinquents, who had organized themselves into a gang giving a great deal of trouble to the police, have been taken over by the clinic and are now our "No Rob Gang." This work is being done in the hopes of not only helping these particular boys but of studying gang and social methods as they may be applied to children from the lower strata of society who are social problems.

Once each month the Child Guidance Clinic staff hold a regular staff meeting on cases of particular interest to psychiatrists at the Worcester State Hospital. This is done to familiarize the members of the State Hospital with our methods of study and treatment in the Child Guidance Clinic. The tie-up between the Worcester State Hospital and the Child Guidance Clinic is becoming constantly a more intimate one, especially in the clinical field, and a limited number of children who have been committed to the Worcester State Hospital are carried for treatment by the staff of the clinic.

Service Report

December 1931-December 1932

<i>Report of Case Load</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1. Cases carried over from last year			339
2. Intake: a. New cases accepted	126	91	217
b. Old cases reopened:			
(1) Last closed before present year			21
3. Total cases open at some time in this year			577
4. Cases taken from service			101
5. Cases carried forward to next year			433
<i>Closed Cases Followed Up</i> (not reopened)			44
<i>Applications Rejected</i>			31
<i>Type of Service Classification:</i>			
<i>New Accepted Cases:</i>			
6. Full service: a. Clinic staff cases			89
b. Cooperative cases			42
c. Full service cases not assigned to a or b			69
7. Special service			17
8. Mental Health study			1
<i>Cases Taken from Service:</i>			
9. Full Service: a. Clinic staff cases			11
b. Cooperative cases			14
c. Full service cases not assigned to a or b			12
10. Special service			33
11. Total cases taken from service			70

Sources Referring New Accepted Cases

	<i>Full service</i>	<i>Special service</i>	<i>Total</i>
12. Agencies: a. Social including institutions).	50	11	61
b. Medical and health	4	—	4
13. Schools a. Public	3	—	3
b. Private	—	—	—
14. Juvenile court	68	—	68
15. Private physicians	3	—	3
16. Parents and relatives	67	—	67
17. Other	8	3	11
18. Total new cases accepted.	203	14	217

Summary of Work with or about Patients

19. By psychiatrists:			
a. Interviews with patients: (1) for examination			300
(2) for treatment.			938
b. Interviews about patients			250

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS

To the Commissioner of the Department of Mental Diseases:

The annual report of the operation of the Division for the Examination of Prisoners for the year ending November 30, 1932, is respectfully submitted.

PERSONNEL

Advisory Committee:

The Commissioner of Mental Diseases, Chairman.
The Commissioner of Correction.
The Commissioner of Probation.
L. Vernon Briggs, M.D.
Frederick Butler, Esquire, Commissioner, Essex County.

Central Office, Boston:

Director: Arthur N. Ball, M.D.
Psychologist: Eugene F. McCarthy, B.A.

Miss Grace I. Linscott, Psychiatric Social Worker.
Miss Frances Pass, B. A., Psychiatric Social Worker.
Miss M. Carmen Burr, Psychiatric Social Worker.
Miss Carlotta A. Weith, Psychiatric Social Worker.
Miss Marion Grant, B.A., Principal Statistical Clerk.
Mrs. Sarah Small, Psychiatric Social Worker (Research).
Miss Elizabeth McCarthy, Senior Clerk.
Mrs. Catherine McGachie, Junior Clerk.
Miss Marion Nichols, Junior Clerk.
Miss Ella Wurf, Junior Clerk.
Miner H. Evans, M.D.*, Psychiatrist (Suffolk County).
Abraham Myerson, M.D.*, Psychiatrist (Norfolk County).
Edward Mellus, M.D.*, Psychiatrist, (Middlesex County).
Frank H. Carlisle, M.D.*, Psychiatrist, (Suffolk County).

Salem Office:

(Essex County).
Guy C. Randall, M.D.*, Psychiatrist.
Miss Veronica O. Wilder, Psychiatric Social Worker.
Miss Carolyn D. Harlow, Psychiatric Social Worker.
Miss Margaret Fitzgerald, Junior Clerk.
Mrs. Katherine Kelley*, Junior Clerk.

Taunton Office:

(Barnstable, Bristol and Plymouth Counties).
John O'Brien, M.D.*, Psychiatrist.
Miss Helena Sidis, M.A., Psychiatric Social Worker.
Miss A. Gertrude Daley, Psychiatric Social Worker.
Miss Helen Brennan, Junior Clerk.

Worcester Office:

(Worcester County).
Michael M. Jordan, M.D.*, Psychiatrist.
Mrs. Eda F. Anderson, Psychiatric Social Worker.
Miss Ernestine Richard*, Junior Clerk.

Springfield Office:

(Hampden, Hampshire, Franklin and Berkshire Counties).
Harold C. Goodwin, M.D.*, Psychiatrist.
Miss Margaret Mower, B.A., Psychiatric Social Worker.
Mrs. Mary Murtaugh*, Junior Clerk.

*Part time.

CHANGES IN PERSONNEL DURING THE YEAR

Boston Office:

Mrs. Sarah Small, Psychiatric Social Worker (research), granted leave of absence, without pay, February 1, 1932 to September 30, 1932, to work with the Harvard Crime Survey. Reinstated October 17, 1932.

Henry Barone, M.D., appointed temporary psychiatric social worker, February 8, 1932 to August 31, 1932.

Mrs. Ethel P. Stowe, Psychiatric Social Worker, resigned March 31, 1932.

Miss Frances Pass, appointed permanent Psychiatric Social Worker, April 18, 1932.

Mrs. Marie Maguire, Senior Clerk, resigned July 18, 1932.

Miss Elizabeth McCarthy, appointed Senior Clerk, July 18, 1932.

Miss Ella Wurf, appointed Junior Clerk, July 11, 1932.

Salem Office:

Miss Carolyn D. Harlow, Psychiatric Social Worker, on leave of absence, without pay, November 1, 1931 to June 1, 1932, because of ill health. Reinstated June 1, 1932.

Miss Fanny Leonard, appointed temporary Psychiatric Social Worker, January 4, 1932 to May 31, 1932.

Springfield Office:

Mr. Winfield Ohlson, Psychiatric Social Worker, resigned September 15, 1932.

Mrs. Margaret Mower, appointed temporary Psychiatric Social Worker, November 3, 1932.

OPERATIONS FOR THE YEAR

Cases completed and sent to the Departments of Correction and Probation totaled 950 cases, an increase of 163 over the previous year. The total number of histories completed to date is 9,336. The goal of one thousand cases set at the beginning of the year could not be reached without lowering the quality of the records. This was due to unforeseen temporary vacancies caused by resignations and to illness in the Social Service. The current cost of operation was \$61,292.16, a reduction from the previous year of \$2,474.33.

There have been no important changes in the general scheme of organization or operation of this Division since it began to function in earnest, early in 1925. A great improvement is, however, seen in the more recent histories as compared with those worked up during the early years of the Division. The present histories are much more complete and decidedly of more value to courts and probation officers.

That the histories of this Division are being used more and more each year is evidenced by a checkup with the Board of Probation, which reports that for the year ending June 30, 1932, 531 records were loaned to courts, probation officials and private agencies. In addition, nearly 1,000 records were consulted at the Probation office by probation officers and others having a legitimate interest. It will be seen that the records of this Division, now nearly 10,000 in number, might be considered as a valuable catalogue of a very considerable part of the criminal population of the State.

The practice of checking all jail lists for repeaters has been continued. As might be expected, the number previously examined by this Division is found to be increasing. For the year covered in this report, 1,044 persons sentenced to Houses of Correction were found to have been examined by the Division at some time prior to their last arrest.

In spite of the increasing number of repeaters, the personnel is too small to handle all the cases examinable under the Law. However, nearly all the important cases are examined if the sentence is long enough to permit, and in any event, when a special request is made.

The statistical research project was delayed somewhat by the seven months' absence on leave of Mrs. Sarah Small. Several topics have been completed and work is now in progress on the topic "The State Views Its County Prisoners". This is somewhat of a general review of the first five thousand cases examined, and is less technical than the topics previously completed. It is expected that it will be of interest to the general reader, as well as to those especially interested in crime.

It is gratifying to report a continuation of the excellent co-operation this Division has always received from nearly all prison and other officials with whom its workers come in contact.

Respectfully submitted,
ARTHUR N. BALL, *Director*.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1932, is respectfully submitted.

The subjects listed below are discussed in this report:

- I. Traveling Psychiatric School Clinics for the Examination of Children in the Public Schools.
 - (a) Historical Sketch of Organization, 1914-1932.
 - (b) Total Examinations, 1932.
 - (c) Diagnosis of First Examinations, 1932.
 - (d) Diagnosis of Re-examinations, 1932.
 - (e) Personnel of Clinics, 1932, by Institution.
 - (f) Comparison between Diagnosis of First Examinations and Re-examinations, 1932.
 - (g) Comparison between Diagnosis of First Examinations and Re-examinations, 1928, 1929, 1930, 1931 and 1932.
 - (h) Total Examinations, 1926-1932, Inclusive, by Clinic.
 - (j) Total Towns Examined, 1926-1932, Inclusive, by Clinic.
- II. Incidence of Retardation, 1932.
- III. Research in Mental Deficiency.
- IV. Publications.
- V. Social Service Division.
- VI. Analysis of Waiting Lists to All State Schools, 1932.
- VII. Recommendations.

Graph I. Number of Clinic Examinations, 1915-1932.

Graph II. Cumulative Graph of Clinic Examinations, 1915-1932.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS.

(a) *History.*

During the year 1932, the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for eighteen years, and have been State-wide in their function since 1921, or a period of eleven years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

TABLE I. — *School Clinic Examinations Conducted during Year Ended November 30, 1932, by Institution, Status of Recommendation and Sex. — Concluded*

INSTITUTION	RE-EXAMINATIONS											
	Total Re-examinations			Recommended Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	208	141	67	117	82	35	36	18	18	55	41	14
Boston Psychopathic . .	31	28	3	7	7	—	—	—	—	24	21	3
Boston State	117	76	41	64	41	23	10	6	4	43	29	14
Danvers	68	45	23	35	26	9	6	3	3	27	16	11
Foxborough	195	136	59	90	67	23	4	—	4	101	69	32
Gardner	41	33	8	10	8	2	2	1	1	29	24	5
Grafton	77	45	32	34	21	13	4	3	1	39	21	18
Medfield	67	47	20	40	29	11	3	1	2	24	17	7
Monson	105	76	29	81	58	23	1	1	—	23	17	6
Northampton	201	144	57	100	68	32	9	5	4	92	71	21
Taunton	102	79	23	43	29	14	1	1	—	58	49	9
Walter E. Fernald . . .	201	150	51	122	90	32	7	3	4	72	57	15
Westborough	17	7	10	3	—	3	—	—	—	14	7	7
Worcester	46	32	14	27	20	7	7	4	3	12	8	4
Wrentham	142	107	35	79	64	15	25	13	12	38	30	8
Total	1,618	1,146	472	852	610	242	115	59	56	651	477	174
Per Cent	100.0	100.0	100.0	52.7	53.2	51.3	7.1	5.2	11.9	40.2	41.6	36.8

We observe that 2,033, or 45.6 per cent of the total first examinations, were recommended for special classes: 44.5 per cent of male, 47.7 per cent of female first examinations. One hundred sixty-one, or 3.6 per cent of the total first examinations, were recommended for placement within an institution: 3.1 per cent of male, and 4.7 per cent of female first examinations. Of the total re-examinations, we note that 52.7 per cent were recommended for special classes: 53.2 per cent of male and 51.3 per cent of the female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations, we observe that *2,885 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having an examination in 1932 is now 5,111, we can see the great need for additional special class provision.

One hundred fifteen, or 7.1 per cent of the total re-examinations, were recommended for placement within an institution: 5.2 per cent of all male and 11.9 per cent of all female re-examinations.

There are several interesting sex differences demonstrated in Table I. In the total children coming up for examination the boys outnumber the girls in a 2:1 ratio. Considering first examinations only, the ratio is 2:1. In re-examinations, the boys show a decidedly higher proportion, the ratio being 2.4:1. In the total number recommended for special classes the sex ratio is 2:1. While these differences are not very great, we may say that relatively fewer girls than boys are recommended for special classes.

It has been suggested that conduct in boys plus mental retardation may be the reason for the large numbers being referred for examination, or the 2:1 ratio. However, the still smaller number of boys recommended for admission to State schools interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a State school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment practically ruled out of consideration, we are forced to turn to other possibilities. There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility, of course, that the school curriculum or the scheme of school adminis-

tration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools and become retarded in school work in a 2:1 ratio as compared with girls.

(c) *Diagnosis of First Examinations, 1932.*

Table II records the mental diagnosis of all first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 27.5 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 37.7 per cent of the girls fell in this grouping. However, it will be noted that in the borderline, dull, normal and superior groups the males presented higher proportions than the females. Thus, definitely higher proportions of females are being diagnosed as mentally defective. These percentage distributions are reflected somewhat in the average intelligence quotients. The average intelligence quotient for boys coming up for examination was .72.

The material in this table suggests that retardation in school work is more likely to be associated with mental defect among girls than boys. There is a striking preponderance of mentally defective girls as compared with boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degree of intellectual development. This is not necessarily so among the boys. With them, school retardation may be associated with all degrees of intelligence, the high as well as the low.

In 9.1 per cent of first examinations, the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child coming up for examination. If the psychiatrist doubts the mental status of the child, he defers his diagnosis, and requests that the child return for another examination on the next visit of the clinic.

(d) *Diagnosis of Re-examinations, 1932.*

Table III records the mental diagnosis of all re-examinations, and outlines the distribution of intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases which were diagnosed under the heading of "Diagnosis Deferred" and add to this group other cases in which specific factors have suggested re-examinations.

Cases are scheduled for re-examination for several reasons. A particular child may have difficulties in special classes, or present certain retrograde mental changes. Another child may have shown marked improvement in special class work, and it may be felt that there is a possibility of his succeeding in regular grade work. Then, there are other cases which have not been assigned to special classes but have had coaching in special subjects or have presented retardation apparently not associated with any degree of mental deficiency. These doubtful and borderline cases make up a large proportion of the re-examinations.

While 9.1 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is materially smaller (5.6 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are *unwilling to make a diagnosis even after two examinations* have been made. This is mentioned simply to answer any question which may arise as to the possibility of injustice being done to any child coming up for examination.

TABLE II. — *Diagnosis of 4,461 First Examinations by School Clinics for Year Ended November 30, 1932.*

INSTITUTION	Total			Feebleminded 0-.69			Borderline .70-.79			Dull .80-.89			Average or Normal .90-1.09			Superior 1.10+			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown.	193	128	65	61	36	25	70	51	19	52	34	18	7	5	2	2	2	-	1	-	1	74	75	72
Boston Psycho.	82	55	27	8	6		19	11	8	26	18	8						1	-	-	86	86	85	
Boston State	293	198	95	49	27	22	113	74	39	72	49	23				5	4	-	9	9	79	80	76	
Danvers	256	178	78	46	30	16	48	25	23	54	35	19				3	1	2	76	66	79	78		
Foxborough.	320	225	95	66	32	34	80	55	25	78	61	17				4	1	-	55	40	78	80	72	
Gardner	220	148	72	45	32	13	69	44	25	69	46	23				1	1	-	1	1	79	79		
Gratton	218	132	86	35	21	14	97	65	32	83	43	40				1	1	-	3	3	76	75	77	
Medfield	293	195	98	111	70	41	107	72	35	52	35	17				1	1	-	-	-	73	73	71	
Monson	199	139	60	74	51	23	53	32	21	13	11	2				1	1	-	57	43	68	67	61	
Northampton	242	162	80	117	68	49	22	19	3	24	15	9				1	1	-	63	48	68	70	66	
Taunton	207	152	85	55	33	22	85	64	21	44	35	9				1	1	-	-	-	75	77	72	
Walter E. Fernald	1,154	746	408	461	269	192	316	204	112	184	138	46				1	1	-	125	85	40	71	72	69
Westborough	100	72	28	31	27	4	26	16	10	15	12	3				1	-	-	12	7	5	75	60	80
Worcester	219	148	71	93	53	40	69	56	13	36	24	12				1	1	-	-	-	72	73	70	
Wrentham	465	307	158	125	66	59	162	110	52	126	90	36				2	1	1	3	2	76	77	73	
Total	4,461	2,985	1,476	1,377	821	556	1,336	898	438	928	646	282				395	303	92	19	14	5	406	303	103
Per cent	100.0	100.0	100.0	30.9	27.5	37.7	29.9	30.1	29.7	20.8	21.6	19.1				8.9	10.2	6.2	.4	.5	.3	9.1	10.1	7.0

TABLE III. — *Diagnosis of 1,618 Re-Examinations by School Clinics for Year Ended November 30, 1932.*

INSTITUTION	Total		Feebleminded 0- .69		Borderline .70-.79		Dull .80-.89		Average or Normal .90-1.09		Superior 1.10+		Diagnosis Deferred		Average I. Q.	
	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.
Belchertown . . .	208	141	67	35	80	54	26	32	27	5	3	2	1	—	.70	.71
Boston Psycho. . .	31	28	3	—	8	7	1	10	9	1	—	—	—	—	.79	.86
Boston State . . .	117	76	41	26	33	23	10	13	9	4	—	—	—	—	.67	.68
Danvers . . .	68	45	23	10	18	11	7	9	5	4	—	—	—	—	.69	.66
Foxborough . . .	195	136	59	23	73	51	22	18	12	6	10	10	—	—	.71	.72
Gardner . . .	41	33	8	6	19	19	—	5	5	—	—	—	—	—	.72	.60
Grafton . . .	77	45	32	9	41	28	13	10	4	6	—	—	—	—	.72	.72
Medfield . . .	67	47	20	16	15	12	3	3	2	1	—	—	—	—	.65	.66
Monson . . .	105	76	29	17	44	36	8	5	4	1	—	—	—	—	.68	.69
Norfolk . . .	201	144	57	46	23	18	5	12	8	4	—	—	—	—	.63	.64
Northampton . . .	102	79	23	14	44	36	8	9	9	—	—	—	—	—	.70	.71
Taunton . . .	201	150	51	43	67	49	18	47	35	12	16	15	—	—	.74	.75
Walter E. Fernald . . .	17	7	10	5	3	—	3	3	1	2	—	—	—	—	.67	.64
Westborough . . .	46	32	14	17	13	10	3	5	5	—	—	—	—	—	.66	.68
Worcester . . .	142	107	35	21	58	45	13	20	19	1	—	—	—	—	.71	.72
Wrentham . . .																
Total . . .	1,618	1,146	472	263	539	399	140	201	154	47	53	49	4	—	.69	.70
Per Cent . . .	100.0	100.0	100.0	45.4	33.3	34.8	29.7	12.4	13.4	10.0	3.3	4.3	.8	—	5.6	6.4
				55.7									3.8			

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are present. Of the total re-examinations of boys, 41.1 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 55.7 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among these re-examinations. However, in the borderline, dull and average groups, the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .70, while that of the girls was .67.

(e) *Personnel of Clinics, 1932, by Institutions.*

In Table IV we are presenting the personnel of the various clinics as of the date November 30, 1932. The Director wishes to take this opportunity to pass on to the various members of the clinics the many words of commendation and appreciation that have been expressed to him during the past year. The workers of these clinics have done remarkable work in dealing with the many difficult situations met with, and have richly deserved the expressed gratitude of the many communities in which they have done their work. The infinite variety of child problems coming to them has required a versatility of judgment rarely demanded of psychiatrists. However, they have met these problems in a manner which has reflected credit to themselves, their respective institutions, and the Department of Mental Diseases.

TABLE IV. — *Personnel of Traveling School Clinics, by Institutions, for Year Ended November 30, 1932.*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST	SOCIAL WORKER
Belchertown . . . Boston Psychopathic Boston State . . .	Herbert L. Flynn, M. D. Mary Palmer, M. D. Alberta S. Guibord, M. D.	May Buckler Viola M. Jones Edith B. James	Dorothy Peeso Mrs. Grover Curtis Florence Armstrong and Staff
Danvers . . .	Edgar C. Verbury, M. D. Doris M. Sidwell, M. D.	Dorothy MacLeod Marion Krauzer Mrs. Mildred Carpenter Lucy Sanborn Alice Schoenfuss Eleanor Culbert Minnie Radner	-
Foxborough . . .	Cornelia B. J. Schorer, M. D.		Rebecca Russakoff Ruth Holmes Sadye Salutzky
Gardner . . . Grafton . . . Medfield . . .	William A. Hunter, M. D. Anna C. Wellington, M.D. George A. Troxell, M. D.	Aurelia Boles Emaline L. Kelly Frances Allen Reed	- - Mary A. Morris Sibyl H. Wardwell Lula P. Hayes Teresa Cotter Adelaide Putnam Emma Lowe
Monson . . .	Lucie G. Forrer, M. D.	Marion Zerbe Dorothy H. Roche Maryalys S. Parker Margaret Chapin Charlotte Foye Elizabeth A. Bicknell Adelaide Proctor David Shakow Mary S. Millard Helen Laskey Frances Merrick Beatrice N. Wolfson	- Pauline F. Barry Elizabeth Marvel
Northampton . . . Taunton . . .	Harriet W. Whitney, M. D. Olga E. Steinecke, M. D.		
Walter E. Fernald . . . Westborough . . . Worcester . . .	Esther S. B. Woodward, M. D. Betsy Coffin, M. D. Lonnie O. Farrar, M. D.		
Wrentham . . .	Alice M. Patterson, M. D.		-

We must recall that the matter of diagnosis of mental deficiency is always an extremely delicate matter. Parents rarely recognize that mental retardation is in the same category as any other physical disturbance, such as congenital hip disease, for example. Their extreme sensitiveness on this question makes it necessary that the psychiatrist emphasize the possibilities of a carefully outlined training program,

and keep to the fore the more hopeful aspects and possible accomplishment to be attained through specialized instruction. The recognition of the child's retardation and his placement in the proper school classes may easily mark the upturn in the child's life. The workers who have studied these cases and who have made the required decisions have rendered an inestimable service to these children. We have not observed the results to be attained long enough to say that we know what intensive training under a specialized program can do for a retarded child.

The clinic personnel can have the satisfaction of knowing that they have done the pioneer work in this field in a most highly satisfactory manner. They have rendered invaluable service, not only to children, but to parents, to school officials, and to the community in general, as well.

All clinics reported to the Department the costs of the operation of the respective clinics. These costs included salaries, maintenance, expenses in the field, automobile and supplies. The average cost of each examination was found to be \$5.96.

(f) *Comparison between Diagnosis of First Examinations and Re-Examinations, 1932.*

Table V shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 30.9 per cent of the group were mentally defective, while in the re-examinations 45.4 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .74, and that for re-examinations was .69 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-Examinations, 1932, by Sex.*

<i>First Examinations.</i>								
	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10 +	De-ferred	Mean Intel-ligence Quotient
Male . . .	100.0	27.5	30.1	21.6	10.2	.5	10.1	.75
Female . . .	100.0	37.7	29.7	19.1	6.2	.3	7.0	.72
Both sexes . .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
<i>Re-Examinations.</i>								
Male . . .	100.0	41.1	34.8	13.4	4.3	—	6.4	.70
Female . . .	100.0	55.7	29.7	10.0	.8	—	3.8	.67
Both sexes . .	100.0	45.4	33.3	12.4	3.3	—	5.6	.69

Within both groups we see large numbers of females in the mentally defective group. Among the first examinations, the percentages feeble-minded are 27.5 for males and 37.7 for females; in the re-examinations the same relationships are observed: 41.1 per cent for males and 55.7 per cent for females. We expect the lower grade cases to return for re-examination as they have expected difficulties in adjustment.

(g) *Diagnosis of First Examinations and Re-Examinations, 1928-1932, Inclusive.*

Table VI presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928-1932, inclusive. While it is dangerous to generalize, we note that there appears to be a decidedly higher grade of case coming up for first examination in 1929, 1930, 1931 and 1932 than in 1928. Forty-three and eight-tenths per cent of first examinations were mentally defective in 1928; in 1929 this was diminished to 35.9 per cent; in 1930 it showed a slight rise to 38.7 per cent; in 1931 there was a decrease to 32.1 per cent; and in 1932 a still further decrease to 30.9 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929 this was raised four points to .73; in 1930 it fell one point to .72; in 1931 it increased to .73; and in 1932 the average I. Q. was .74. While this difference in

averages is not large, it must be recalled that we are dealing with fairly large numbers in these samples. An average difference of three or four points in the mean intelligence quotients is significant, as evidenced in the material differences between the two distributions.

Among the re-examinations we note a somewhat similar condition. Fifty-four and eight tenths per cent of re-examinations in 1928 were mentally defective; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent of re-examinations were mentally defective; in 1931 there was a decrease to 46.7 per cent; and in 1932 a still further decrease to 45.4. The average I. Q. for 1928 was .66; for 1929, .70; for 1930, .69; for 1931, .69; and for 1932, .69. While it is difficult to judge from the results of five years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination tends to show an upward tendency.

TABLE VI. — *Diagnoses of First and Re-Examinations for the Years 1928-1932, Inclusive.*

First Examinations.

		Total	Feeble-minded 0-.69	Border-line .70-.79	Dull .80-.89	Average or Normal .90-1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928	Number	4,916	2,150	1,206	769	327	16	448	
	Per cent	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929	Number	4,923	1,772	1,437	722	407	34	551	
	Per cent	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930	Number	5,224	2,025	1,569	799	362	23	446	
	Per cent	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931	Number	5,015	1,610	1,536	960	371	16	522	
	Per cent	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932	Number	4,461	1,377	1,336	928	395	19	406	
	Per cent	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74

Re-Examinations.

		Total	Feeble-minded 0-.69	Border-line .70-.79	Dull .80-.89	Average or Normal .90-1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928	Number	1,370	746	357	158	56	2	51	
	Per cent	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929	Number	1,336	624	367	179	70	8	88	
	Per cent	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930	Number	1,303	648	390	165	48	1	51	
	Per cent	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931	Number	1,424	664	430	208	38	1	83	
	Per cent	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932	Number	1,618	734	539	201	53	—	91	
	Per cent	100.0	45.4	33.3	12.4	3.3	—	5.6	.69

(h) *Total Examinations, 1926-1932, by Clinic.*

Table VII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1932, inclusive. In considering this last seven years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,300 examinations each year, or a total of 10,229 cases for the seven years. The clinic of the Wrentham State School is second, with 5,139 examinations; the clinic of the Northampton State Hospital is third with a total of 4,900 examinations during this period; Boston State Hospital is fourth, with 3,086 cases; and Foxborough State Hospital is fifth, with 2,854 examinations. The foregoing clinics are to be particularly commended for their activities, insofar as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

TABLE VII. — *Total School Clinic Examinations Conducted for the Years 1926-1932, Inclusive, by Institution.*

INSTITUTION	1926	1927	1928	1929	1930	1931	1932
Belchertown	-	-	251	114	474	522	401
Boston Psychopathic	271	121	141	130	81	126	113
Boston State	355	527	441	502	454	397	410
Danvers	162	132	176	255	338	343	324
Foxborough	300	431	303	485	375	445	515
Gardner	122	58	125	164	107	125	261
Grafton	66	-	343	327	240	384	295
Medfield	70	298	510	419	239	322	360
Monson	384	398	225	395	494	439	304
Northampton	708	876	1,000	581	769	523	443
Taunton	90	230	360	292	324	353	309
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355
Westborough	-	26	85	-	34	78	117
Worcester	110	402	197	300	114	37	265
Wrentham	603	726	637	777	882	907	607
Total	4,652	5,638	6,286	6,259	6,527	6,439	6,079

In comparing the number of examinations for the two years 1931 and 1932, we notice increases for 1932 in the number of examinations done by the clinics of the Boston State Hospital, Foxborough State Hospital, Gardner State Colony, Medfield State Hospital, Westborough State Hospital, and Worcester State Hospital. The following institutions showed decreases in the number of examinations conducted during 1932 as compared with 1931: Belchertown State School, Boston Psychopathic Hospital, Danvers State Hospital, Grafton State Hospital, Monson State Hospital, Northampton State Hospital, Taunton State Hospital, Walter E. Fernald State School, and Wrentham State School.

TABLE VIII. — *Number of Towns in Which School Clinics Were Conducted, 1926-1932, Inclusive.*

INSTITUTION	TOTAL TOWNS EXAMINED DURING YEAR						
	1926	1927	1928	1929	1930	1931	1932
Belchertown	-	-	4	4	4	7	6
Boston Psychopathic	1	1	1	1	1	1	1
Boston State	2	3	2	2	2	2	2
Danvers	7	9	7	15	15	9	10
Foxborough	7	13	14	12	13	15	16
Gardner	11	9	12	8	13	9	9
Grafton	2	-	10	11	10	17	11
Medfield	2	5	7	7	2	7	10
Monson	4	4	3	4	3	6	6
Northampton	40	34	36	28	6	18	20
Taunton	4	19	15	17	15	20	16
Walter E. Fernald	18	25	24	24	26	24	20
Westborough	-	1	3	-	1	2	4
Worcester	5	26	7	24	15	4	25
Wrentham	10	13	11	11	13	13	10
Total	113	162	156	168	139	154	166

(j) *Total Towns Examined, 1926-1932.*

Table VIII gives the number of towns in which clinics were conducted during 1932. Between 1926 and 1932 the total number of towns in which examinations were held increased from 113 to 166. However, the year 1929 showed the largest number of towns having examinations, a total of 168. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1932 the clinics were visiting 46 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that

the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1932.

Table IX presents a summary of facts in connection with 163 towns in which first examinations were held by one of our clinics during the year 1932. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1932. As first examinations only are included, we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 337,083 children. Of the total of 163 cities, towns and villages having a first examination, 98 were maintaining a total of 315 special classes, or one special class to approximately every 1,070 children of the total school population. Sixty-five smaller communities with a total population of 27,654 children were not maintaining special classes. While 37 per cent of the total communities examined were not maintaining special classes, we observe that 91 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which make difficult the establishment of special classes. In column 9, we observe that the percentage of the total school population referred for retardation during 1932 for the entire group was 1.32 per cent. However, in the towns having no special classes, the percentage referred as retarded for 1932 was 2.13 per cent.

Ninety-eight towns maintaining 315 special classes accommodated 5,111 children in these classes, an average of 16 children per class. Comparing this total of 5,111 children in special classes with the total school population of 337,083, we note that 1.65 per cent were in special classes during the year 1932. The 61 towns not maintaining special classes revealed a total grammar school population of 27,654 children. In these towns a total of 590 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 4,461 children were referred to the clinics for the first time during 1932 because of retardation. In other words, 1.32 per cent of the total school population were referred as retarded *during a single school year*. Dividing the 1.32 per cent of the total school population referred in accordance with diagnosis, we note that .41 per cent were diagnosed as mentally defective and .91 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 2:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1932: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town.*

(1)	(2)	(3)	(4)	(5) 4÷2	(6)						(7)			(8)			(9) 6+7+8 (10) 6÷2 (11) 7+8 ÷2						
CLINIC AND TOWN	School Population, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.						DIAGNOSIS						PER CENT OF SCHOOL POPULATION, 1932.						
					MENTALLY DEFECTIVE.			NOT MENTALLY DEFECTIVE.			DEFERRED			Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective.							
					T.	M.	F.	T.	M.	F.	T.	M.	F.										
Belchertown Total	11,433	8	66	2.71	61	36	25	131	92	39	1	—	—	7.93	5.26	—	—	—	7.93	5.26	—	—	2.67
Amherst	935	—	—	—	6	3	3	10	5	5	—	—	—	1.71	1.64	—	—	—	1.71	1.64	—	—	1.07
Deerfield	612	—	—	—	10	7	3	8	4	4	—	—	—	2.94	1.63	—	—	—	2.94	1.63	—	—	1.31
(South Deerfield)																							
Pittsfield	7,946	6	36	.45	37	24	13	62	43	19	1	—	—	1.25	.46	.79	—	—	1.25	.46	.79	—	.79
South Hadley	1,103	1	5	.45	—	—	—	28	19	9	—	—	—	2.53	—	—	—	—	2.53	—	—	—	2.53
Ware	837	1	25	2.98	8	2	6	23	21	2	—	—	—	3.70	.95	2.75	—	—	3.70	.95	2.75	—	2.75
Boston Psychopathic																							
Total	4,280	2	30	.70	8	6	2	74	49	25	—	—	—	1.91	.18	1.73	—	—	1.91	.18	1.73	—	1.73
Brookline	4,280	2	30	.70	8	6	2	74	49	25	—	—	—	1.91	.18	1.73	—	—	1.91	.18	1.73	—	1.73
Boston State																							
Total	20,337	16	202	.99	49	27	22	233	162	71	11	9	2	1.44	.24	1.20	—	—	1.44	.24	1.20	—	1.20
Everett	7,440	8	88	1.18	19	8	11	129	85	44	7	5	2	2.08	.25	1.82	—	—	2.08	.25	1.82	—	1.82
Somerville	12,897	8	114	.88	30	19	11	104	77	27	4	4	—	1.07	.23	.83	—	—	1.07	.23	.83	—	.83
Danvers																							
Total	11,716	9	137	1.16	46	30	16	134	82	52	76	66	10	2.18	.39	1.79	—	—	2.18	.39	1.79	—	1.79
Andover	1,116	2	29	2.59	15	7	8	19	12	7	11	10	1	4.03	1.34	2.69	—	—	4.03	1.34	2.69	—	2.69
Beverly	3,082	1	34	1.10	17	12	5	64	33	31	16	16	2	3.14	.55	2.59	—	—	3.14	.55	2.59	—	2.59
Dracut	1,303	1	13	.99	5	3	2	5	3	3	4	2	2	1.07	.38	.69	—	—	1.07	.38	.69	—	.69
Essex	1,173	—	—	—	—	—	—	7	5	4	1	3	—	3.46	—	3.46	—	—	3.46	—	3.46	—	3.46
Manchester	389	—	—	—	—	—	—	7	5	2	3	3	—	2.57	—	2.57	—	—	2.57	—	2.57	—	2.57
Rockport	406	1	15	3.69	1	—	1	4	3	1	8	4	4	3.20	.24	2.96	—	—	3.20	.24	2.96	—	2.96
Saugus	2,593	2	23	.88	2	2	—	7	6	1	6	6	—	1.57	.07	1.50	—	—	1.57	.07	1.50	—	1.50
Swampscott	1,292	2	23	1.78	2	2	—	13	7	6	—	—	—	1.16	.15	1.01	—	—	1.16	.15	1.01	—	1.01
Tewksbury	508	—	—	—	—	—	—	—	—	—	—	—	—	2.16	—	2.16	—	—	2.16	—	2.16	—	2.16
Wilmington	854	—	—	—	—	4	—	10	9	1	16	15	1	3.51	.47	3.04	—	—	3.51	.47	3.04	—	3.04
Wilmington																							
Foxborough																							
Total	22,338	15	217	.97	66	32	34	199	153	46	55	40	15	1.43	.29	1.14	—	—	1.43	.29	1.14	—	1.14
Bellingham	547	—	—	—	8	4	4	8	6	2	2	1	—	3.10	1.46	1.64	—	—	3.10	1.46	1.64	—	1.64
Braintree	2,877	3	30	1.04	12	6	6	14	9	5	5	4	4	1.07	.41	.66	—	—	1.07	.41	.66	—	.66

Bridgewater	1,282	2	34	2.65	1	1	31	28	3	4	3	1	2.80	.07	2.73
Canton	597	-	-	-	5	2	12	4	8	4	2	2	3.51	.83	2.68
East Bridgewater	600	-	-	-	7	3	19	13	6	7	5	2	5.50	1.17	4.33
Foxborough	745	-	-	-	3	1	7	6	1	4	2	2	1.61	.40	1.21
Hingham	943	1	5	.53	3	-	19	15	4	8	6	2	2.96	.10	2.86
Mansfield	1,090	1	14	1.28	3	1	4	2	2	5	3	2	1.10	.28	.82
Milton	2,487	1	11	.44	2	-	1	1	1	3	2	2	.08	.08	.04
Nedham	1,983	1	19	.95	1	1	2	2	-	3	2	1	.30	.05	.25
Norton	451	-	-	-	2	1	4	1	-	1	-	-	.44	.44	-
Norwood	2,373	3	44	1.85	8	3	45	35	10	4	4	-	2.40	.34	2.06
Sharon	548	-	-	-	2	1	3	2	1	1	-	-	.91	.36	.55
Stoughton	1,180	1	21	1.77	2	1	16	13	3	2	2	-	1.62	.17	1.52
Walpole	1,352	1	14	1.03	2	2	10	10	1	7	2	2	1.25	.14	1.11
Weymouth	3,283	1	25	.76	7	3	8	7	-	3	2	1	.60	.21	.39
Gardner	10,155	4	51	.50	45	32	13	175	116	-	-	-	2.16	.44	1.72
Total	1,737	1	9	.51	5	3	2	21	15	6	-	-	1.49	.28	1.21
Athol	214	2	30	.81	17	15	2	39	27	12	-	-	2.80	-	2.80
Fitchburg	3,696	1	12	1.59	7	3	4	5	4	1	-	-	1.51	.46	1.05
Gardner	1,831	1	12	1.59	7	3	4	73	47	26	-	-	10.61	.93	9.68
Orange	754	-	-	-	6	3	2	7	2	5	-	-	8.47	2.54	5.93
Royalston	118	-	-	-	1	1	3	15	10	-	-	-	3.15	.90	2.25
Templeton	666	-	-	-	6	1	1	-	-	-	-	-	1.40	1.40	-
Wendell	71	-	-	-	1	1	3	9	5	4	-	-	1.12	.28	.84
Winchendon	1,068	-	-	-	3	3	-	-	-	-	-	-	1.64	.26	1.38
Grafton	13,265	15	253	1.90	35	21	14	180	108	72	3	-	3.79	-	3.79
Bedford	369	1	6	1.62	9	-	5	14	11	3	-	-	1.06	.25	.81
Belmont	3,560	4	54	1.51	1	4	1	29	15	14	-	-	1.82	.83	1.83
Bolton	121	-	-	-	3	1	2	1	1	-	-	-	1.82	.34	1.48
Concord	875	1	10	1.14	1	1	2	12	7	5	1	1	1.77	.77	-
Harvard	129	1	1	1.44	1	1	-	7	6	1	-	-	1.22	.44	.78
Hudson	898	1	13	-	4	4	-	1	1	-	-	-	1.32	.52	-
Lancaster	304	-	-	-	-	-	1	61	34	27	1	1	2.74	.38	2.36
Leominster	2,621	2	84	3.20	10	9	1	18	10	8	-	-	1.07	.10	.97
Lexington	1,860	4	59	3.17	2	-	2	1	1	-	-	-	.52	.52	.52
Littleton	192	-	-	-	5	-	3	36	22	14	1	-	1.79	.21	1.58
Natick	2,336	2	27	1.15	-	2	-	-	-	-	-	-	1.29	.49	.80
Medfield	22,589	25	285	1.26	111	70	41	182	125	57	-	-	2.44	.61	1.83
Medford	327	-	-	-	2	2	-	6	6	-	-	-	1.09	.39	.70
Medford	9,428	9	63	.66	37	16	21	66	46	20	-	-	1.77	.63	1.14
Melrose	2,987	3	46	1.54	19	10	9	34	26	14	-	-	1.69	.56	1.13
Mills	354	-	-	-	2	1	1	4	4	-	-	-	1.47	.47	-
Norfolk	212	-	-	-	-	-	1	1	1	-	-	-	2.59	.49	2.10
Stonham	1,423	3	38	2.66	7	6	1	30	21	9	-	-	1.16	.79	3.37
Wakfield	2,402	3	35	1.45	19	13	6	5	8	1	-	-	2.02	.33	1.69
Westwood (Islington)	296	1	11	-	1	1	1	18	11	7	-	-	1.22	.22	1.00
Winchester	1,803	3	48	2.66	4	3	2	9	7	2	-	-	.86	.50	.27
Woburn	3,355	3	44	1.31	20	18	2	-	-	-	-	-	-	-	-

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1932: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town. — Concluded.*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)						(7)	(8)			(9) 6+7+8 (10) 6 ÷ 2 (11) 7+8 ÷ 2		
CLINIC AND TOWN	School Popu-lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent-age of School Popula-tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.						PER CENT OF SCHOOL, POPULATION, 1932.						
					MENTALLY DEFECTIVE.		NOT MENTALLY DEFECTIVE.		DEFERRED		Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective.				
					T.	M.	F.	T.	M.	F.				T.	M.	F.	
Westborough	3,570	3	25	.70	31	27	4	57	38	19	12	7	5	2.80	.87	1.93	
Total	561	1	4	.71	8	8	—	24	18	6	4	3	1	6.41	1.42	4.99	
Southbridge	1,453	—	—	—	8	7	—	10	8	2	3	2	1	1.44	.55	.89	
Webster	966	1	15	1.55	13	10	3	18	7	11	5	2	3	3.72	1.34	2.38	
Westborough	590	1	6	1.01	2	2	—	5	5	—	—	—	—	1.18	.33	.85	
Worcester																	
Total	11,039	7	88	.79	93	53	40	126	95	31	—	—	—	1.98	.84	1.14	
Ashland	374	—	—	—	4	2	—	9	4	5	—	—	—	3.47	1.06	2.41	
Aver	447	—	—	—	2	2	—	6	6	—	—	—	—	1.78	.44	1.34	
Brookfield	232	1	12	5.17	1	1	—	4	3	1	—	—	—	2.15	.43	1.72	
Douglas	434	—	—	—	4	2	—	3	3	—	—	—	—	1.61	.92	.69	
East Brookfield	154	—	—	—	2	1	—	6	4	2	—	—	—	5.19	1.29	3.90	
Grafton	1,023	1	11	1.07	3	3	—	1	1	1	—	—	—	.39	.29	.10	
Holden	666	1	16	2.40	5	3	2	4	3	1	—	—	—	1.35	.75	.60	
Hopkinton	417	—	—	—	4	2	—	15	10	5	—	—	—	4.55	.95	3.60	
Millbury	891	—	—	—	1	1	—	1	1	—	—	—	—	.22	.11	.11	
Monson	564	—	—	—	7	2	—	6	4	2	—	—	—	2.30	1.24	1.06	
Northborough	329	—	—	—	9	6	3	16	13	3	—	—	—	7.59	2.73	4.86	
North Brookfield	246	—	—	—	5	3	2	4	4	—	—	—	—	3.65	2.03	1.62	
Oxford	646	—	—	—	5	3	2	2	2	—	—	—	—	1.08	.77	.31	
Paxton	132	—	—	—	1	1	—	4	4	—	—	—	—	3.78	.75	3.03	
Rutland	170	—	—	—	—	—	—	4	4	—	—	—	—	2.35	.75	2.35	
Shirley	316	—	—	—	5	4	—	1	1	—	—	—	—	2.53	1.58	.95	
Shrewsbury	1,312	2	37	2.82	6	6	—	13	9	4	—	—	—	1.44	.45	.99	
Southborough	316	1	9	2.84	6	4	—	2	2	4	—	—	—	3.48	1.90	1.58	
Sudbury	157	—	—	—	15	8	—	1	1	—	—	—	—	.63	—	.63	
Uxbridge	884	—	—	—	—	7	—	11	7	4	—	—	—	2.94	1.70	1.24	
Wayland	406	—	—	—	1	1	—	3	2	1	—	—	—	.98	.24	.74	

Westford	654	1	3	.45	6	6	—	—	2	2	—	—	—	1.22	.92	.40
Westminster	269	—	—	—	1	1	—	—	3	2	—	—	—	1.48	.37	1.11
Wrentham																
Total	50,989	40	562	1.10	125	66	59	337	239	98	3	2	1	.91	.24	.67
Attleborough	3,302	2	30	.90	22	13	9	53	41	12	—	—	—	2.27	.66	1.61
Brockton	8,400	4	51	.60	8	2	6	30	23	7	—	—	—	.46	.09	.37
Cambridge	11,830	12	151	1.27	39	21	18	65	48	17	—	—	—	.87	.32	.55
Chelsea	6,709	5	100	1.49	18	6	12	56	38	18	—	—	—	1.10	.27	.83
Franklin	1,235	1	18	1.45	5	5	—	4	2	2	—	—	—	.80	.40	.40
Franklin	2,243	3	44	1.96	13	11	2	18	12	6	—	—	—	1.38	.58	.80
Millis	887	1	11	1.24	3	1	2	9	7	2	—	—	—	1.35	.34	1.01
North Attleborough	1,888	2	30	1.58	4	2	2	11	8	3	—	—	—	.79	.21	.58
Plymouth	11,818	8	117	.99	11	4	7	81	53	28	—	—	—	.77	.09	.68
Quincy	2,677	2	10	.37	2	1	1	10	7	3	—	—	—	.48	.07	.41
Winthrop																
Grand Total	337,083 ¹	315	5,111	1.65	1,377	821	556	2,678	1,861	817	406	303	103	1.32	.41	.91
	309,429 ²															

¹Total school population of towns having an examination by one of our clinics during 1932. This total is used in calculating the percentages of columns 8, 9 and 10.

²Total school population of towns having children in special classes during 1932. This total is used in calculating the percentages of column 4.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every one hundred mental defectives failing in school work we have, in addition, 222 children grading between mental defect and the normal who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to allow the large number of high-grade cases to wander about on mental crutches in the unhappy halfway position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.32 per cent of the total school population were referred because of retardation during 1932. This figure does not measure the amount of retardation in the particular schools. We must recall that these are first examinations of a single year only, and that there is an accumulation of retardates which have been diagnosed during previous years. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total retardation is subject to an accumulation of individual years, insofar as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .41 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates. Again, we must recall that this, too, is subject to accumulation, and that the actual number of mental defectives within the school system is a figure which is much higher.

In other sections of the report we have seen that the relative proportions of retardates referred to clinics do not vary greatly from year to year. The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) are quite small in relation to the total school population. Insofar as the clinics are finding practically the same proportions of children retarded each year, it is not accurate from the statistical viewpoint to compare these numbers with the total school population. A comparison with the total number of children entering school for any one year would be a better criterion. With this thought in mind, we recorded the number of children in the first grade of all schools in which an examination was held during 1932. It is felt that the number of children actually within first grade classes throughout these towns would, in all probability, record most accurately the new children entering the schools for any one year. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 41,752 children in the first grades of schools in which 4,461 first examinations of retarded children were held during the year 1932. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 4,461 children were referred to all clinics because of retardation for

the first time during the year 1932. From this total of 4,461 children who were referred for the first time, we must subtract the cases in which a diagnosis was deferred (406 cases), so that our actual number of new cases of retardation for 1932 is 4,055. Comparing this total of 4,055 with the 41,752 new students entering the schools, we find that new cases of retardation discovered during 1932 are found to be 9.7 per cent of the number entering schools during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that the retardation is roughly in a one to ten ratio.

Turning to the matter of diagnosis, so that we may divide the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective (during a single year) are 3.3 per cent of the number of children entering school (during a single year). The *new cases* diagnosed as retarded (during a single year) constitute 6.4 per cent of the number of children entering school (during a single year). All of this, of course is for the year 1932. We feel that these percentages give us a much better picture of the accumulation or relative amounts of retardation actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have had these examinations for a good many years. As the accumulation has been dealt with in the past, the percentages for subsequent years are substantially smaller. In other instances, the small number of retardates referred to the clinics is a matter of selection on the part of the superintendent. There are many factors entering into this situation, and it is difficult to place the true value on each particular factor.

The Division has under way at the present time an investigation of the placement of children in certain grades, and is comparing this with the mental ages of the children. The results are unusual and suggest that mental age has little relationship to the grade placement of the child. In some schools we are viewing the placement of children of low mental grade in advanced classes in which they have little chance of success. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

In comparing 1931 with 1932, we observe an increase in the proportion of children in special classes. In 1931, 1.54 per cent of the school population involved were in special classes, while this figure is 1.65 per cent for 1932. One and forty-nine hundredths per cent of the total school population of the towns involved were referred to the clinics because of retardation in 1931. In 1932, this figure had decreased to 1.32 per cent. We note changes in the percentages diagnosed as mentally defective and not mentally defective. In 1931, .47 per cent of the school population were diagnosed as mentally defective. In 1932 this had decreased to .41 per cent. In 1931, 1.02 per cent of the school population were diagnosed as not mentally defective. In 1932, this had decreased to .91 per cent.

The above figures show the importance of retardation as a problem in our public schools. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education, and must be carefully considered in organizing a curriculum suited to the varying grades of intelligence in public school children. However, we should recall that these figures are minimum. They record, in the main, children in school who have been selected by various school superintendents as three or more years retarded. The selection is not based on an actual age-grade criterion. We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 98 towns have provided a total of 315 special classes caring for 5,111 children. Referring to Table I, "Total Examinations during 1932", we

note that a total of 2,885 children were recommended for special classes during 1932. That is, the school rooms now devoted to special classes would be able to take care of the new cases recommended for special class care in 1932 if in some magic way they could be emptied of their present occupants. We see the urgent need of practically doubling the number of special classes now available.

Not only the field of education should be actively concerned in the handling of this impressive problem, but others as well. It is a problem for the public to seriously consider from the standpoint of the common good. Turning from the field of education, for the moment, to that of biology and sociology, we may discuss the part to be played by these children as parents of future generations. We may also wonder at the future problems of adjustment and possible public support which will follow inevitably if these retarded children are not dealt with sympathetically, and given an understanding training in a manner calculated to develop their potentialities in both the intellectual and social spheres.

III. RESEARCH IN MENTAL DEFICIENCY

In October, 1926, the Division inaugurated a research project in mental deficiency based on the large number of school clinic examinations which had accumulated. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system recently established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Insofar as the material itself involves many thousands of cases, it is extremely difficult to publish the results of this work as rapidly as might be desired.

IV. PUBLICATIONS

The following articles were published during the year 1932 by the Division:

DAYTON, N. A.: The Walter E. Fernald Plan for the Examination of Retarded School Children. N. E. Journal of Medicine, Vol. 207, No. 21; November 24, 1932.

Regulations for Determining the Number of Children Three Years Retarded in Mental Development. A new and greatly enlarged edition of this pamphlet was written by the Division, and is for public distribution. It was published by the Printing Plant at Gardner State Colony in October, 1932.

V. SOCIAL SERVICE

Community Supervision

Habit clinics, traveling school clinics, private agencies and the community in general are becoming acutely aware of the problem which the feeble-minded present. Outside of institutionalizing these cases, no agency exists for their control after they reach the age of twenty-one except that offered by the social service departments connected with the three State schools for the mentally deficient and committed to the Department of Mental Diseases.

With the small force of two Divisional social workers, it has been found impossible to take on many cases for commitment which have been referred by the agencies mentioned above, nor has it been possible to develop adequately a constructive program for this state-wide problem.

The social danger attendant upon the dismissal at sixteen of pupils in the special classes diagnosed as mentally deficient, with sex dangers noted and supervision urged, is at once apparent as there is no provision for many of these cases in the State schools. Because the Division has no money available for the maintenance of committed cases, only those cases which can be self-supporting are taken on. Most of our cases are on a voluntary basis, the Division having no legal control but acting as friendly adviser. A large number of bewildered parents during the year have sought the guidance and encouragement which the Division offers in helping untangle social and familial difficulties incidental to their having mentally deficient children. Many social agencies have requested supervision of their mentally deficient clients on a voluntary basis. Some of these cases upon investi-

gation show clearly that they cannot profit by community supervision because of defective delinquency, disapproval of supervision on the part of parents, or the presence of other problems which are more outstanding than the problem of mental deficiency. Cases which are obviously institutional are urged to attend the out-patient clinics conducted by the state schools, and in many instances are taken personally by the social workers.

During the past year, the Division has made social investigations in fifteen cases referred under the Briggs' Law.

The outstanding problems in relation to cases committed to the Division of Mental Deficiency are:

1. Adjusting patients committed after the age of twenty-one, particularly patients who resent commitment. Many patients feel that they should be "free" at twenty-one, and are not prepared sufficiently beforehand to take commitment in the right spirit.

2. Supervised recreation for emotional outlets which shall be satisfactory to client as well as to worker.

3. Finding time for the medical care of the mentally deficient of both the committed and the voluntary group. It has been felt that these patients require more medical care than a normal group.

4. Educating parents and employers in preventive measures both in regard to physical health and social well-being.

5. Developing a social and objective viewpoint on the part of employers as against the disciplinary attitude which the community often has toward State charges.

6. Developing suitable homes for girls who are equipped to be good mothers' helpers and general maids. Owing to the economic stress, many employers who have paid good wages in the past and given excellent supervision are no longer able to employ such help. Others have reduced wages to a minimum and many feel they can do better by employing superior women and girls who have lost other employment.

7. Need to further and intensively study and develop community resources for the care of the mentally deficient, particularly at this time. Resources not only for gainful employment but wholesome occupation for these persons with such limited equipment for the world's work are needed.

It is more apparent each year that good early training of the mentally deficient is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately, the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances, it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high-grade workers who are willing to work for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments

will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a State-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives in the resident population. It seems advisable that we plan for a State-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in State schools, will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table IX we observed that .41 per cent of our school population were diagnosed as mentally defective *during a single year*. This figure does not report all of the mental defectives within these school systems, but simply those examined during 1932. As the grammar curriculum provides either eight or nine grades, the possibilities for accumulation are obvious. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1932 were 3.3 per cent of the children entering school for the first time. If, of all public school children, one child in thirty-three is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary training, we enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented. In others they will diminish in exact proportion to the length of the training and supervision which are provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happy for the future of civilization, this is not the case. If this linkage were a reality, we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages.

Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to properly train the older mental defective. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age; and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

TABLE X. — *Statistical Survey of Cases — Division of Mental Deficiency. Social Service — Year Ended November 30, 1932.*

I	
Status — December 1, 1931	
Committed cases	16
Voluntary cases	151
Pending cases	3
	<hr/> 170
Cases Referred during Year	
Referred by public agencies	66
Referred by private agencies	23
Referred by D. M. D.	16
Referred by individuals	5
Committed to D. M. D.	4
Reopened from previous years.	10
	<hr/> 124
	<hr/> 294
II	
Cases Closed during Year	
Cases adjusted in homes; supervision no longer required	25
Cases committed to institutions	11
Committed cases discharged	2
Committed cases transferred to institutions	1
Cases in care of public agencies	9
Cases in care of private agencies	12
Histories for Department — Briggs' Law cases	15
Investigations for Department	1
Cases not supervisable	20
	<hr/> 96
III	
Service Rendered:	
Placement:	
Home	21
Industry	3
Recreation	67
Investigations	60
Histories	17
IV	
Status — November 30, 1932	
Committed cases	17
Voluntary cases	175
Pending cases	6
	<hr/> 198
Summary of Visits — Two workers	1,086

Table X summarizes the activities of the Social Service for the year December 1, 1931 through November 30, 1932. On December 1, 1931, there were 170 active cases on the books, 16 committed cases, 151 voluntary cases and 3 pending cases.

During the year, a total of 124 cases were referred for community supervision from various sources. Of these, 66 cases were referred by public agencies, 23 were referred by private agencies, 16 were referred by the Department of Mental Diseases

for investigations, and 5 were referred by other individuals. Ten cases were reopened from previous years. Four cases were committed to the Department for community supervision.

A total number of 96 cases were closed during the year. Of this number, 25 were found to be making satisfactory adjustments in their homes and no longer in need of supervision. Eleven have been committed to institutions. Two committed cases were closed, one dying and the other being honorably discharged. One committed case was transferred from the Department to a State School. Nine cases were closed to various public agencies and 12 were closed to private agencies. Sixteen cases referred for investigation by the Department were closed after the investigations were completed. Fifteen of these cases were under the Briggs' Law. Twenty cases referred for supervision were closed as not being suitable for supervision. Supervision was considered unnecessary in cases of infancy where suitable care was being given and no social problem was involved, in cases where physical defect was the outstanding problem, in cases where there was parental objection to supervision and in cases of defective delinquents, it being the policy of the Department to take on only those cases which appear to be good community risks.

On November 30, 1932, there was a total number of 198 cases on the books, 17 cases being on a committed basis, 175 cases on a voluntary basis, and 6 cases pending action.

VI. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1932.

During the year 1929, the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. A check is then made of each insitution so that no reports will be missing. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On July 1, 1932, a total of 3,498 cases were on the waiting lists of the three State schools. Of these, 52.5 per cent were females and 47.5 per cent were males.

It was found that a social agency of some type was the source of application for admission in 41 per cent of the male and 51 per cent of the female cases; the parents were the source of application in 26 per cent of the male and 20 per cent of the female cases; the officials of a town or county in 11 per cent of the male and 11 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 5 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that mental defect in the child was the cause of application in 39 per cent of both sexes together. Conduct was the primary reason in 22 per cent for both sexes. The home situation was given as the cause in 10 per cent for both sexes. Marked physical defect plus retardation is given as the cause in 4 per cent of the males and 3 per cent of the females. Sex difficulties were the source of application in .5 per cent of the male and 6.0 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting lists, we observe that 14 per cent of the males had intelligence quotients between 0 and .29, while 11 per cent of the females fell in this group. In the intelligence quotient groups .30-.49, we find 29 per cent of males and 26 per cent of females. In the moron group, with intelligence quotients between .50 and .69, we observe that the females present 52 per cent as against 43 per cent for the males. In the I. Q. groups above .70 we observe 14 per cent of males and 11 per cent of females.

Comparing the males with the females, we note that the males on the waiting lists distribute themselves more evenly throughout the various I. Q. groups. The females tend to group themselves in the moron classification, presenting 52 per cent in these groupings. The males on the waiting lists exceeded the females in the idiot group, the imbecile group and the not mentally defective group. The females showed a much higher percentage than the males among the morons. With regard to the ages of applicants on the waiting lists, 72 per cent of the males were under 15 years of age, while but 46 per cent of the females fell in this group. Twenty-two per cent of both sexes fell in the age group 15-19 years. But 8 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 30 per cent of the females. Fifty-eight cases on the list were 40 years of age or over. These cases make up .5 per cent of the males and 2.9 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins, luetics, hydrocephalics and epileptics. The females are in larger proportions in the mongols and the spastics. The differences between the sexes in these groups are not large, however.

Of the cases not falling in these clinical groups, the males predominate among the idiots (males 9 per cent, females 8 per cent), the imbeciles (males 19.0 per cent, females 18.7 per cent), the morons (16.1 per cent of males and 14.5 per cent of females), and the group not mentally defective.

A study was also made of the source of application by county of residence, and compared with the population of these counties in 1930. The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 325 applicants. Suffolk and Nantucket were second with 108; Middlesex third with 86; Dukes fourth with 80; Franklin fifth with 78; Essex sixth with 71; and Plymouth seventh with 70. Worcester, Norfolk, Bristol, Berkshire, Hampshire and Hampden presented the lowest rates, with 57, 50, 44, 43, 41 and 33 persons on the application list per 100,000 of the population of each county, respectively.

The total of 3,498 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional State school to care for these mentally deficient individuals. New applications are accumulating at the rate of approximately 500 per year. This figure *excludes* the 300 cases admitted to State schools each year.

VII. RECOMMENDATIONS.

For several years the Director has been pointing out the necessity of the social supervision of (a) children in special classes and (b) children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. The results of this survey included an analysis of 219 children still in special classes and a total of 230 children who had left special classes. Without going into the details of the findings in any way, the Director wishes to incorporate some of their suggestions into his own recommendations for the present year.

It becomes increasingly evident that the mental defective can never be taken care of wholly within institutions, and that some comprehensive plan must be elaborated for his supervision while still in the public schools and after he has left the public schools. In line with the findings of this authorized investigation, it is therefore recommended that:

1. Retarded children would be benefited materially if there was some person connected with each school system whose duty it was to make and preserve contact with the homes.

2. An educational program should be created with a thought of advising and assisting parents of retarded children in giving correct family supervision out of school hours.

3. Children should be taken under the supervisory activities of the proper social agencies. Agencies particularly fitted to operate in certain areas should have contact with these children and thus aid in their social adjustment.

4. Those acting in advisory capacity should direct and guide retarded children in their educational and vocational programs, at all times keeping in mind the future occupation of the child.

5. Advisers should be cognizant of local employment opportunities to assist in fitting the child to the proper type of work.

6. Advisers should continue their supervision and, through their guidance, enable the child to hold the position which has been obtained for them.

7. Advisers should make contact with children before they have left special class, so that supervision may be continuous and be made by an individual who is familiar with a child's capabilities and his personal environmental situation.

The present economic situation has greatly increased the demands for social service supervision of the mentally defective. Individuals and agencies are making increasing demands on the Division for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to do so. The problem of finding other positions for these persons has added greatly to our Divisional problems.

The conclusion is clear that the Division is in great need of financial support to tide over certain cases until a position can be obtained. Otherwise, the only recourse available is institutional provision. This is not only a short-sighted policy from the economic standpoint, but it is, in addition, a real injustice to retarded individuals who through years of painstaking effort have earned the right to remain in the community.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 3,498 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his constant encouragement and unflinching support throughout the year.

Respectfully,

NEIL A. DAYTON, *Director*.

REPORT OF THE SUPPORT DIVISION

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1932, as follows:

Visits to the Hospitals	148
Histories taken at the Hospitals	4,580
Visits to relatives of patients and others for investigation:	
By outside visits	5,797
By office calls	1,277
By telephone	1,626
Total investigations	8,700
Cases submitted for deportation to the U. S. Commissioner of Im-	
migration	26
Cases submitted for deportation by the Department	115

Support Cases, not including Ex-Service Men of the World War.

Cases pending November 30, 1931	610
New cases	3,214
	3,824
Made Reimbursing	1,045
Accepted as State Charges	2,161
Pending November 30, 1932	618
	3,824

Reimbursing Cases

Cases remaining in Hospitals November 30, 1931	2,455	
New cases	1,109	
		3,564
Died	430	
Discharged or on visit November 30, 1932	476	
Dropped — accepted as State Charges	243	
Transferred to other Institutions	62	
Accepted by Veterans' Administration	4	
Remaining in Hospitals November 30, 1932	2,349	
		3,564

Cases of Ex-Service Men of the World War considered by the U. S. Veterans' Administration for support between November 30, 1931 and November 30, 1932

Cases remaining Nov. 30, 1931 in Hospitals	22	
New Cases	46	
Re-opened Cases	9	
		77
Died	1	
Discharged or on visit	48	
Transferred to other State Institutions	8	
Made Reimbursing	2	
Remaining in Hospitals November 30, 1932	18	
		77
Ex-Service men actually in the Hospitals November 30, 1932		400
Cases chargeable to Veterans' Administration	18	
Cases not yet chargeable (rejected or pending)	382	
		400

Attorney-General Cases

Cases pending in the Office of the Attorney-General, Nov. 30, 1931	70	
Reported during the year	30	
		100
Cases closed during the year	19	
Cases pending November 30, 1932	81	
		100

SUMMARY OF WORK OF INVESTIGATORS AND CLERICAL FORCE

There were 548 investigations made at various Probate courts. In addition to their outside work, the staff of Investigators spent 5,300 hours in the office in preparation for such work and in reporting the results of their investigations.

Two thousand four hundred and ten letters were written concerning the general work of the Division and 1,427 letters concerning ex-service men and Veterans' Administration matters. Seven hundred thirty-four clinical abstracts and 616 stencil forms were transmitted to the Veterans' Administration. Five thousand eight hundred sixty-seven documents relating to Probate matters were handled. Five thousand three hundred and thirteen history slips were prepared for the use of the Investigators, and, including transfer records, a total of 6,065 histories were written.

Over 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to \$20,136 were rendered to the Administration during the year.

Receipts for Support of Reimbursing Patients

HOSPITAL	Year ending Nov. 30, 1931	Year ending Nov. 30, 1932	Total since Jan. 1, 1904
Psychopathic Hospital	\$2,125.63	\$376.28	\$36,045.77
Boston State Hospital	103,999.30	77,471.36	1,283,138.35
Danvers State Hospital	129,317.55	117,691.71	1,712,436.81
Foxborough State Hospital	57,216.26	50,673.04	470,688.08
Gardner State Colony	33,140.77	32,144.49	286,965.30
Grafton State Hospital	15,868.50	15,738.65	352,017.45
Medfield State Hospital	36,374.26	41,751.35	594,204.80
Metropolitan State Hospital	28,869.32	36,159.60	65,028.92
Northampton State Hospital	118,966.20	108,509.70	1,251,250.49
Taunton State Hospital	69,545.11	63,777.10	967,246.79
Westborough State Hospital	158,538.85	131,065.07	1,626,221.90
Worcester State Hospital	94,055.30	81,376.95	1,313,883.83
Monson State Hospital	22,728.15	20,875.67	301,017.91
Belchertown State School	6,550.02	6,716.09	47,919.07
Fernald State School	17,778.88	17,088.42	237,991.36
Wrentham State School	13,175.55	10,907.14	103,157.61
State Infirmary	6,401.45	4,835.32	80,398.70
Bridgewater	2,942.57	2,707.44	91,156.78
Hospital Cottages	—	5.43	1,975.93
Family Care	—	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$917,593.67	\$819,870.81	\$10,844,384.83

Yearly Totals from January 1, 1904.

From January 1, 1904 to September 30, 1904		\$31,882.11
Year ending September 30, 1905		72,750.93
From October 1, 1905 to November 30, 1906 (14 months)		87,804.66
Year ending November 30, 1907		79,495.76
Year ending November 30, 1908		86,867.04
Year ending November 30, 1909		102,468.57
Year ending November 30, 1910		117,588.91
Year ending November 30, 1911		124,083.94
Year ending November 30, 1912		133,059.95
Year ending November 30, 1913		133,818.23
Year ending November 30, 1914		130,671.57
Year ending November 30, 1915		139,375.33
Year ending November 30, 1916		141,585.18
Year ending November 30, 1917		174,710.70
Year ending November 30, 1918		179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)		182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)		296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)		311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)		359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)		364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)		601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)		452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)		922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)		987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)		1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)		939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)		947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)		917,593.67
Year ending November 30, 1932 (including soldiers 849.00)		819,870.81

\$10,844,384.83

Number and Board Rates of Reimbursing Patients for the Year Ending October 1, 1932

INSTITUTIONS	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1931		United States Deportation Cases		Soldier Cases			
						Daily Average Number	Average Weekly Per Capita	Daily Average Number	Average Weekly per Capita		
	M.	F.		M.	F.	M.	F.	M.	F.		
Psychopathic . . .	.74	.63	4.39	—	1	.06	.01	35.00	.33	—	34.00
Boston . . .	83.21	152.25	6.94	73	167	—	—	—	2.70	.50	14.00
Danvers . . .	114.06	213.95	7.12	111	248	—	—	—	.52	—	14.00
Foxborough . . .	50.32	78.72	7.71	47	90	.19	—	35.00	.75	.42	14.00
Gardner . . .	45.31	45.19	6.73	34	47	—	—	—	.27	—	14.00
Grafton . . .	20.11	24.59	6.97	22	27	—	—	—	—	—	—
Medfield . . .	34.54	60.93	7.97	33	70	—	—	—	—	—	—
Metropolitan . . .	35.92	65.32	7.32	37	73	—	—	—	—	—	—
Northampton . . .	97.50	197.98	7.32	92	213	—	—	—	.06	—	14.00
Taunton . . .	59.25	113.62	7.61	65	106	—	—	—	1.39	—	14.00
Westborough . . .	95.15	231.58	7.89	103	261	—	—	—	.35	2.01	14.00
Worcester . . .	74.88	140.35	8.01	77	126	—	—	—	.48	—	14.00
Monson Sane . . .	23.36	37.79	6.05	30	41	—	—	—	—	—	—
Insane . . .	—	2.40		—	1						
Belchertown . . .	12.16	14.88	5.24	15	22	—	—	—	—	—	—
Walter E. Fernald . . .	30.89	26.72	6.06	45	45	—	—	—	—	—	—
Wrentham . . .	24.34	17.44	5.26	31	28	—	—	—	—	—	—
Infirmary . . .	.64	13.46	5.80	1	18	—	—	—	.73	—	14.00
Bridgewater . . .	3.18	—	4.66	5	—	—	—	—	1.19	—	14.00
Hospital Cottages . . .	—	.02	5.22	—	1	—	—	—	—	—	—
Family Care . . .	—	—	—	—	1	—	—	—	—	—	—
	805.56	1,437.82	7.33	821	1,586	.25	.01	35.00	8.77	2.93	14.00

This report shows that the total collections on account of reimbursements for support of patients were \$819,870.81. Of this amount \$849 was received for the support of ex-service men of the World War, leaving a balance of \$819,021.81 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$32.07.

I am also submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1931, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$10,844,384.83.

This Division has an active reimbursing list of approximately 2,600, them aximum rate in any case being \$10.00 per week and the minimum rate being \$1.00 per week.

Investigations by this Division have resulted in the deportation to other states and countries of 138 patients during the year ending November 30, 1932. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10 per week, this would seem to have effected a saving to the Commonwealth of about \$717,600.

Respectfully submitted,

PAUL A. GREEN, *Chief Examiner.*

ACKNOWLEDGEMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the additional appropriation made available for the continuance of our research project in the epidemiology of mental diseases and mental defect. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date, our research project was further extended by the Foundation for a three-year period to end July 1, 1934.

GEORGE M. KLINE, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1932, is respectfully submitted.

A statistical research study of cases in our State hospitals and schools was initiated in November, 1926, and a new statistical system put into actual operation on March 22, 1927. In starting this study, a group of eight workers was placed in the field to code certain data from our State hospital records, and to install the new statistical system in all institutions supervised by the Department. An arbitrary date, that of September 30, 1926, was selected for the initiation of the system as it enabled us to summarize the situation at the end of a statistical year. The work of the survey group was to code all cases on the books of each institution on September 30, 1926, and all admissions and discharges between that date and May 22, 1927.

In the past, deficiencies in statistics on mental diseases have been due to the fact that no data on the resident population of institutions has been available. Thus, one of the first duties assumed was the coding of material on all cases on the books of mental hospitals. A special course was held at one of the institutions to instruct the statistical clerks from each hospital in the new system. Beginning with May 22, 1927, the regular work of coding cases on all new admissions and discharges was taken over by the clerks at their respective institutions.

By April 1, 1928, the installation of the statistical system was completed. During the thirteen months' period which it had taken to finish the entire work, approximately 28,000 cases were coded on the resident population and on discharges.

There is now on file at the Department a Powers punch card representing the latest status of every patient in every Department institution and, in addition, all patients at the McLean Hospital, the Mental Wards at Tewksbury, Bridge-water, and the two U. S. Veterans' Hospitals, Nos. 95 and 107, Northampton and Bedford, all of which are supervised by the Department. We have likewise on file punch cards recording statistical data on every patient discharged since September 30, 1926. These cards may be used whenever special questions come up for solution, and are a ready source of information for data on resident or discharged cases.

RESEARCH PROJECT

The results of the above statistical survey and the availability of the data which it represented were so striking that the Commissioner, Dr. George M. Kline, applied to the Laura Spelman Rockefeller Fund for financial assistance in continuing the work to apply to the discharges at each of the State hospitals and schools over the ten-year period, 1916-1926.

Through the generosity of this Fund the continuance of the work was made possible. A three-year program, (July, 1928 to July, 1931) was established for the coding of the material and for the study of the data upon its completion.

By the end of the statistical year, November 30, 1930, a grand total of 64,898 cases and 86,206 cards had been coded by the survey groups. These comprised statistical cards on the ten-year discharges at each of the fifteen institutions directly under the Department (and the McLean Hospital.)

The cases and cards on file within the Department at the end of the present statistical year outline themselves as follows:

	Cases	Cards
Ten-year discharges:		
Mental Diseases	59,398	74,781
Mental Deficiency	3,585	8,341
Epilepsy	1,915	3,084
	<hr/> 64,898	<hr/> 86,206
Cases Discharged 1927-1932:		
Mental Diseases and Epilepsy	37,941	
Mental Deficiency	1,491	
	<hr/> 39,432	

Cases on Books, 1932:

Mental Diseases and Epilepsy	24,510
Mental Deficiency	4,957
	<hr/>
	29,467

Total:

Mental Diseases and Epilepsy	123,764
Mental Deficiency	10,033
	<hr/>

Total 133,797

From the above it will be observed that at the present time we have a total of 133,797 cases which include approximately 235,000 statistical cards within our Department files. These cover data on the resident populations of each of our State institutions (representing 29,000 cases alone), and data on all discharges and deaths at each institutions from 1916 to the present time.

On July 1 of the statistical year 1931, our first research project ended. By that date the entire work of coding the statistical cards had been completed. The final checking up of all details of the field work, all checking up with departmental records, and all filing of the cards had likewise been accomplished. In addition, duplicate and punched copies of each of the original cards had been made and filed within the Department.

Through the generosity of the Laura Spelman Rockefeller Fund, an additional appropriation was made available for the continuance of our research project for the three-year period July, 1931 to July, 1934. During this period further study and analyses will be made of the information available.

In the past year, plans were outlined and work commenced on the study of the multiple admissions of patients to State Schools over the period 1916 to 1930, inclusive. In addition to this, a study of the multiple changes in intelligence quotient of the above patients was made covering the same period of years. In the latter research, a complete analysis was made of each change of I. Q. for the individual patient during his entire hospital residence, consideration being given to the interval between psychological examinations, the rise or fall in I. Q. between examinations, the age of the patient at each examination, etc.

The statistical work on each of the above studies has been entirely completed during the past year, and the data is now ready for analysis. The statistical research of multiple admissions embraces the analysis of 10,417 admissions of 8,351 patients to State Schools. The statistical research study of multiple changes in intelligence quotient embraces an analysis of the 14,826 I. Q. ratings of 9,697 patients during their multiple admissions to State Schools.

In addition to the above, a third research project was outlined and the work commenced during the last statistical year. This research is to comprise a clinical study of the admissions of patients to mental hospitals. It will include approximately 13,000 patients who were discharged from the Boston State and Worcester State Hospitals during the twelve-year period October 1, 1916 to September 30, 1928. The statistical work on the above research is now under way.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISIONS OF STATISTICS

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1932, is respectfully submitted.

The State Board of Insanity of Massachusetts was first created by an Act of the Legislature of 1898. This Board was provided with supervisory and advisory powers over all public and private institutions and homes caring for the insane and over the feeble-minded, the epileptic and the inebriate. Previously, these powers had been vested in the State Board of Lunacy and Charity. The new Board superseded the latter, however, and was given broader and more extensive powers.

The State Board of Insanity was composed of five members who received remuneration from the State for their services, and an executive head who received compensation. Its functions were as follows: Two supervise the twenty-nine State, municipal, and private institutions for the insane, feeble-minded, epileptic, dipsomaniac and inebriate which existed in 1899; to supervise insane patients under care in private families; to supervise the insane and feeble-minded in city and town almshouses, and those in private families in care of the Overseers of the Poor; and, finally, to supervise all matters relating to the transportation of patients within and without the State.

The trustees and officers of the various institutions supervised by the Board were, in most particulars, legally responsible for the administration of the institutions and for the care of the patients therein. The Board was of valuable assistance, however, in improving and standardizing many of the practices at the individual hospitals.

A census made on October 1, 1899, showed that 9,739 persons were under the supervision of the Board. Of these, 8,282 persons were classified as insane, 1,091 as feeble-minded, and the remainder as epileptic and inebriate. Although the majority of these patients were being cared for in State institutions, their financial support was divided between cities, towns, private individuals, and the State.

In 1904, the question of financial support for the dependent insane was definitely settled when the State took over the entire support of these persons. Patients were transferred from almshouses and private homes as fast as new facilities could be provided. By 1908, when the Boston Insane Hospital (now the Boston State Hospital) became a part of the State Hospital system, no insane patients were cared for in almshouses. A small number were being cared for in private families, but these were given very careful supervision.

The same policy of State support was also gradually applied to the feeble-minded, the epileptic, and the inebriates who were dependent upon public support, although a considerable number of these classes are still cared for in almshouses.

With the passing years, the supervisory powers of the State Board of Insanity were extended, while those of the trustees of the institutions were limited. In addition, mandatory powers were vested in the Board. These extended not only to public institutions, but to private hospitals as well. In 1914, the unpaid Board of five members with an executive head was replaced by a paid Board of three members, in accordance with Chapter 762 of the Acts of 1914.

On August 1, 1916, the State Board of Insanity was abolished and in its place the Massachusetts Commission on Mental Diseases, with a Director as its executive head, was established in accordance with Chapter 285 of the General Acts of 1916. New powers were added to those already vested in the Board which the Commission now superseded.

In accordance with Chapter 350 of the General Acts of 1919, which provided for the reorganization of State Departments, the Commission became the Department of Mental Diseases on December 1, 1919, with the executive head designated as "Commissioner". No new powers were given the Department.

The State Hospital system has continued to keep pace with current developments that are of interest to social psychiatry. Social work throughout the State was given added impetus and its scope extended by the Commission and the Department. Two new Divisions were established in 1922: (1) The Division of Mental Hygiene, and (2) the Division of Mental Deficiency. Later, in 1924, the Division for the Psychiatric Examination of Prisoners was established under the Department.

At the present time the Department has under its direct management twelve State hospitals (including the Boston Psychopathic Hospital), three State Schools for the feeble-minded, and one State Hospital for epileptics (Monson). In addition to the above, the Department supervises patients in two other State institutions which are not directly under its jurisdiction. These are (1) the mental wards, Tewksbury State Infirmary, and (2) the Bridgewater State Hospital, which cares for the criminal insane. The Department also supervises all insane, feeble-minded, inebriate persons, and drug addicts in the care of private hospitals and homes. The Veterans' Bureau Hospitals for the insane in Massachusetts come under the super-

vision of the Department. These are the Veterans' Hospital No. 95 at Northampton and the Veterans' Hospital No. 107 at Bedford.

Much of the administrative procedure in the public institutions has been standardized by the Department. It has created safeguards to patients through legislation, particularly with regard to uniform and enlightened methods of admission and of treatment. Through its licensing power, it has also provided supervision over private hospitals and private homes.

The Department, as well as the preceding Commission and Board, has always been responsible for the collection and compilation of statistics relating to the insane, feeble-minded, epileptic and inebriate persons and drug addicts cared for in public and private institutions or homes throughout the State.

The Statistical Division of the Department was reorganized in 1926. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected, and the scope of information and data on our patient population, both insane and feeble-minded, was tremendously increased. This system was likewise installed at Bridgewater, Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus, we have a total of twenty-one institutions coming under the Department system. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient, and at the end of the year a set of eighteen tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution, and the machine equipment at the central office is made use of to relieve institutions of these duties.

In the past we adhered rather closely to the set-up of the National Committee tables which dealt only with first admissions, readmissions, discharges and deaths of regularly committed cases. Insofar as regularly committed cases made up only about fifty per cent of our total admissions we were receiving a very incomplete picture of the actual statistics on all types of admissions and discharges. The 1928 report of the Department of Mental Diseases was the first to make use of the new statistical system, and it presented radical changes from the old set-up.

The 1932 report of the Department is the fifth making use of the new statistical system. It contains tables of first admissions on all forms; that is, admissions on regular court commitment, admissions for temporary care, on observation, on voluntary status, and transfers. It likewise contains complete data in reference to all discharges and deaths at the various State hospitals during the year. In addition, there is a section analyzing the status of our resident population at the end of the statistical year.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the report. These tables discuss various aspects in connection with admissions, discharges, deaths and the resident population of the three State schools.

Respectfully,

NEIL A. DAYTON, *Director.*

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- I. Departmental Statistics, Tables A to J.
- II. Statistical Review; Subjects of Text Discussion.
 - A. General Discussion of All Classes under Care.
 - B. All Admissions to Mental Hospitals During 1932.
 - C. All Discharges from Mental Hospitals During 1932.
 - D. Deaths in Mental Hospitals During 1932.
 - E. Resident Population of Mental Hospitals on September 30, 1932.
 - F. General Discussion of All Classes Under Care in State Schools.
 - G. Admissions to State Schools for the Mentally Deficient During 1932.
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 - K. All Patients in Residence in State Schools on September 30, 1932.
- III. Graphs
 - Departmental Statistics — Graphs A to C.
 - Mental Diseases — Graphs 1 to 8 inclusive.
 - Mental Deficiency — Graphs 9 to 15 inclusive.

DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ending November 30 1932 — by Institution.

INSTITUTIONS	Year of Opening	Number Patients Under Care Nov. 30	Number Total Admissions. ¹	ACREAGE			Land. ⁴	VALUATION (See Notes)			Industrial	Total
				Total Acres.	Buildings Sites and Grounds Acres.	Under Cultivation Acres.		Buildings and Betterments. ⁵	Personal Property. ⁶	Farm and Garden Products.		
<i>Hospitals for Mental Diseases:</i>												
Boston Psychopathic	1912	90	1,948	2.00	2.00	—	\$59,300.00	\$527,042.64	\$56,201.75	—	\$585.00	\$643,129.39
Boston State . . .	1839 ²	2,102	755	224.66	101.667	122.993	632,034.45	3,053,909.76	360,131.81	\$12,535.68	12,548.14	4,071,159.84
Danvers . . .	1878	2,069	838	517.68	248.18	269.50	99,112.00	2,777,093.53	280,124.19	79,449.35	38,536.05	3,274,315.12
Foxborough . . .	1893	1,117	273	352.40	268.90	83.50	35,400.00	1,927,548.24	289,323.41	34,398.50	15,878.21	2,302,548.36
Gardner . . .	1902	1,320	252	1,856.00	1,533.75	322.25	41,125.00	1,499,678.43	392,458.10	68,209.40	25,801.58	2,027,272.51
Grafton . . .	1915 ³	1,425	143	1,087.90	821.65	266.25	37,600.00	1,414,604.33	232,908.07	72,530.37	16,122.12	1,773,764.89
Medfield . . .	1896	1,742	327	670.83	431.83	239.00	54,330.00	1,697,357.11	321,724.05	70,745.23	21,818.00	2,165,974.39
Metropolitan . . .	1930	1,228	164	386.96	355.96	31.00	71,122.00	3,907,982.15	356,914.36	7,946.09	—	4,343,964.60
Northampton . . .	1858	1,679	479	547.50	326.00	221.50	172,265.00	1,961,244.76	214,240.51	67,536.77	10,035.13	2,425,322.17
Taunton . . .	1854	1,570	503	456.88	303.25	153.63	63,000.00	1,183,652.41	242,396.10	57,090.11	22,756.00	1,568,894.62
Westborough . . .	1886	1,433	535	763.93	447.78	316.15	68,770.00	1,253,593.12	336,799.89	56,858.64	15,631.00	1,731,652.65
Worcester . . .	1833	2,152	823	589.16	414.16	175.00	467,130.00	2,096,495.46	474,436.89	74,941.53	27,304.26	3,140,308.14
Monson (epileptic)	1898	1,399	235	661.79	540.04	121.75	17,645.00	1,521,390.58	324,924.57	48,301.98	12,403.27	1,924,665.40
Total . . .		19,326	7,275	8,117.69	5,795.167	2,322.523	\$1,818,833.45	\$24,821,592.52	\$3,882,583.70	\$650,543.65	\$219,418.76	\$31,392,972.08
<i>Schools for Mental Defectives:</i>												
Beichertown . . .	1922	1,252	120	774.10	632.10	142.00	\$32,302.25	\$2,690,870.96	\$325,545.18	\$58,031.14	\$12,318.00	\$3,119,067.53
Walter E. Fernald . . .	1848	1,717	110	2,051.69	1,729.68	322.01	150,261.00	1,971,485.28	408,310.24	79,996.44	27,920.53	2,637,973.49
Wrentham . . .	1907	1,663	144	590.00	419.00	171.00	31,362.00	1,748,676.59	371,292.61	60,719.31	25,871.95	2,237,922.46
Total . . .		4,632	374	3,415.79	2,780.78	635.01	\$213,925.25	\$6,411,032.83	\$1,105,148.03	\$198,746.89	\$66,110.48	\$7,994,963.48
Grand Total . . .		23,958	7,649	11,533.48	8,575.947	2,957.533	\$2,032,758.70	\$31,232,625.35	\$4,987,731.73	\$849,290.54	\$285,529.24	\$39,387,935.56

¹Valuation as per Section 13 to 17, Chapter 58, General Laws.²Valuation by Committee of Comptroller and Representatives of Institutional Departments.³Valuation by Regulations of Department of Mental Diseases.⁴During Statistical Year Ending September 30, 1932.⁵Taken over by State in 1908.⁶Part of Worcester State Hospital from 1877 to 1915.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1932 — By Institutions.*

INSTITUTIONS	Number Patients Actually in Institutions.	Number Total Admissions. ¹	NUMBER OF OFFICERS AND EMPLOYEES							NUMBER OF PATIENTS TO EACH			
			Total	Physicians.	Resident Dentists.	Industrial and Educational Department.	Social Workers.	Graduate Nurses.	Other Nurses and Attendants.	All Others.	Resident Physician.	Nurse and Attendant.	Em- ployee.
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic	90	1,948	144	11	1	2	6	14	33	77	8.18	1.91	.63
Boston State	2,102	755	475	13	1	14	5	22	243	177	161.69	7.93	4.43
Danvers	2,069	838	381	10	1	7	4	26	194	139	206.90	9.40	5.43
Foxborough	1,117	273	222	7	1	6	2	12	100	94	159.57	9.97	5.03
Gardner	1,320	252	237	8	1	9	2	9	118	90	165.00	10.39	5.57
Grafton	1,425	143	311	8	1	7	1	21	119	154	178.13	10.18	4.58
Medfield	1,742	327	357	9	1	8	2	12	177	148	193.56	9.22	4.88
Metropolitan	1,228	164	175	4	1	3	1	5	82	79	307.00	14.11	7.01
Northampton	1,579	479	289	8	1	4	2	10	149	115	209.88	10.56	5.81
Taunton	1,570	503	306	10	1	5	3	19	152	116	157.00	9.18	5.10
Westborough	1,433	535	303	9	1	6	2	24	123	138	159.22	9.75	4.73
Worcester	2,152	823	475	14	0	9	4	38	229	181	153.71	8.06	4.53
Monson (epileptic)	1,399	235	291	8	1	5	2	11	149	115	174.88	8.74	4.81
Total	19,326	7,275	3,966	119	12	85	36	223	1,868	1,623	162.40	9.24	4.87
<i>Schools for Mental Defectives:</i>													
Belchertown	1,252	120	228	6	1	15	2	4	117	83	208.67	10.35	5.49
Walter E. Fernald	1,717	110	345	8	0	33	3	1	189	111	214.63	9.04	4.98
Wrentham	1,663	144	285	5	1	25	3	0	179	72	332.60	9.29	5.84
Total	4,632	374	858	19	2	73	8	5	485	266	243.79	9.45	5.40
Grand Total	23,958	7,649	4,824	138	14	158	44	228	2,353	1,889	173.61	9.28	4.97

¹During Statistical Year Ending September 30, 1932.

TABLE C. — *Average Weekly Per Capita Costs for Maintenance and Operation for the Period 1917 to 1932, By Institution.*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
<i>Hospitals for Mental Diseases:</i>																
Boston Psychopathic	25.95	30.91	32.29	36.90	41.84	42.38	50.92	48.57	48.94	49.62	51.01	51.99	58.51	55.20	56.141	55.522
Boston State . . .	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73	6.83	6.94	7.00	7.15	7.18	7.054	6.937
Danvers . . .	5.61	6.94	5.49	7.24	6.59	6.24	7.09	6.52	6.45	6.93	6.80	6.79	7.24	6.97	6.789	6.27
Foxborough . . .	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27	8.50	8.85	8.08	7.81	7.75	7.526	6.704
Gardner . . .	5.02	6.13	6.42	6.92	6.70	6.43	6.67	6.42	6.37	6.37	6.64	6.81	6.93	6.95	6.658	6.017
Grafton . . .	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13	6.36	6.85	6.80	6.98	7.37	7.509	6.623
Medfield . . .	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36	6.04	6.58	6.55	6.97	6.82	6.605	6.175
Metropolitan . . .	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.00	6.43	6.23	6.41	6.64	6.43	6.22	6.003	5.359
Northampton . . .	5.57	6.28	6.34	6.65	6.43	6.15	6.69	7.13	6.71	6.56	7.28	7.26	7.38	7.35	7.002	6.312
Taunton . . .	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.36	7.32	8.75	7.78	7.50	7.32	7.301	6.826
Westborough . . .	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78	6.29	7.03	6.97	7.21	7.09	6.984	6.493
Worcester . . .	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62	6.52	6.85	6.89	6.99	7.42	6.922	6.248
Monson (epileptic)																
Average per capita cost including Psychopathic . . .	5.71	6.76	6.41	7.45	7.08	6.68	7.11	6.99	7.02	6.86	7.22	7.28	7.37	7.33	7.137	6.508
Average per capita cost excluding Psychopathic . . .	5.57	6.61	6.25	7.27	6.86	6.46	6.88	6.77	6.80	6.65	7.00	7.04	7.13	6.97	6.916	6.304
<i>Schools for Mental Defectives:</i>																
Belchertown . . .	—	—	—	—	—	—	3.25	9.19	8.06	7.86	8.03	8.02	8.42	8.03	7.807	6.546
Walter E. Fernald . . .	4.68	5.49	6.00	6.70	7.07	6.51	6.70	7.08	6.99	7.16	7.18	7.09	7.09	7.19	7.158	6.661
Wrentham . . .	4.57	5.61	5.34	6.95	6.80	6.43	7.34	6.79	6.81	6.37	6.76	6.65	7.05	6.62	6.268	5.787
Average per capita cost . . .	4.64	5.54	5.80	6.81	6.95	6.47	7.65	7.32	7.14	7.01	7.19	7.13	7.37	7.25	6.996	6.317
Average per capita cost of all institutions . . .	5.54	6.56	6.31	7.34	7.06	6.64	7.20	7.05	7.04	6.89	7.21	7.25	7.37	7.32	7.111	6.472

†This table is figured less sales, but not less paying patients and other receipts.

TABLE D.—Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1932, Inclusive.

INSTITUTIONS	1917 %	1918 %	1919 %	1920 %	1921 %	1922 %	1923 %	1924 %	1925 %	1926 %	1927 %	1928 %	*1929 %	1930 %	1931 %	1932 %
<i>Hospitals for Mental Diseases:</i>																
Boston Psychopathic	—	—	—	—	.06	2.45	1.55	3.68	2.05	1.46	1.06	1.79	.61	.59	.87	.16
Boston State . . .	5.09	4.28	5.24	7.21	7.12	6.97	9.61	11.39	7.63	15.27	15.26	13.95	12.05	12.21	13.04	10.34
Danvers	5.71	4.47	7.31	7.49	8.71	11.69	11.02	14.72	12.32	22.76	24.04	23.36	19.34	19.55	17.83	17.31
Foxborough . . .	3.08	1.36	1.65	3.97	4.21	4.49	3.95	7.17	6.29	11.89	11.65	13.18	13.73	14.30	14.10	13.36
Gardner	1.63	1.75	3.38	1.32	1.11	1.31	1.59	4.68	2.89	6.82	7.70	7.38	8.79	9.19	7.49	7.62
Grafton	2.06	1.52	2.26	2.76	2.59	3.16	2.94	5.13	1.98	3.56	4.55	3.58	3.76	4.22	2.84	3.19
Medfield	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48	6.18	6.77	7.63	6.26	6.02	5.92	7.25
Metropolitan . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton . .	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15	30.10	28.72	25.83	25.86	23.18	24.21	11.01
Taunton	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36	16.24	15.81	14.58	12.28	13.17	12.67	12.49
Westborough . .	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18	31.31	31.62	30.32	30.35	29.45	30.14	25.41
Worcester	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62	14.53	13.57	13.74	12.00	12.28	11.75	10.83
Monson (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82	6.28	7.24	7.24	5.70	4.86	4.78	4.67
Average	4.11	3.53	3.88	3.28	5.41	6.21	6.09	9.75	7.12	14.78	14.82	14.36	13.12	12.99	12.53	11.86
<i>Schools for Mental Defectives:</i>																
Belchertown . . .	—	—	—	—	—	—	.02	.20	.36	1.72	1.59	2.39	1.95	1.85	1.51	1.64
Walter E. Fernald .	1.07	.78	.64	1.19	1.22	1.64	1.12	1.82	2.17	4.20	4.33	5.51	4.03	3.82	2.88	2.94
Wrentham . . . .	.41	.14	.15	.38	.28	1.40	.43	.46	1.04	1.46	1.89	2.94	2.35	2.62	2.61	2.25
Average . . . . .	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33	2.73	2.87	3.90	2.93	2.90	2.42	2.35
Grand Average . .	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08	12.57	12.66	12.49	11.27	11.16	10.67	10.15
Family Care under Department	9.95	6.84	.60	—	—	18.25	—	4.21	23.67	6.30	4.59	4.26	5.54	3.65	—	—

Note:— See Tables showing number and percentage paying patients on page 105 for Institutions for the Insane, Feeble-minded and Epileptic, and page 105 for Institutions for the Feeble-minded.

TABLE E. — *Percentage of Total Net Expenditures by the State, Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics¹ from 1913 to 1932.*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feeble-minded and Epileptic	Percent- age
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74

¹Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

Note:— The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1932.*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>Mental Hospitals.</i>				
Worcester State Hospital	2,147	2,136	11 ¹	.51
Taunton State Hospital	1,224	1,547	323	26.38
Northampton State Hospital	1,819	1,673	146 ¹	8.02
Danvers State Hospital	1,754	2,075	321	18.30
Westborough State Hospital	1,296	1,449	153	11.80
Boston State Hospital	1,897	2,063	166	8.75
Boston Psychopathic	126	79	47 ¹	37.30
Grafton State Hospital	1,152	1,428	276	23.95
Medfield State Hospital	1,564	1,746	182	11.63
Gardner State Hospital	1,118	1,327	209	18.69
Foxborough State Hospital	975	1,106	131	13.43
Mental Wards, State Infirmary	603	657	54	8.95
Bridgewater Hospital	908	944	36	3.96
Metropolitan State Hospital	1,300	1,230	70 ¹	5.38
Total	17,883	19,460	1,577	8.81
<i>State Schools.</i>				
Walter E. Fernald State School	1,514	1,694	180	11.88
Wrentham State School	1,578	1,637	59	3.73
Belchertown State School	1,205	1,235	30	2.48
Total	4,297	4,566	269	6.26
<i>Epileptic.</i>				
Monson State Hospital	1,171	1,396	225	19.21
Aggregate	23,351	25,422	2,071	8.86

¹Decrease or undercrowding.

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1932, Inclusive.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ Number of Patients.	Percent-age.
1905				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital—Epileptic.	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital—Epileptic.	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital—Epileptic	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital—Epileptic.	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital—Epileptic.	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital—Epileptic.	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital—Epileptic.	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital—Epileptic.	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital—Epileptic.	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital—Epileptic.	976	963	-13	-1.33
Total	15,834	16,396	562	3.54
1915				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital—Epileptic.	968	1,015	47	4.86
Total	16,436	17,095	659	4.03

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1932, Inclusive — Continued.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ Number of Patients.	Percentage.
1916				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital — Epileptic.	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital — Epileptic.	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital — Epileptic.	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital — Epileptic.	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920				
State Hospitals	14,101	14,726	625	4.43
State Hospitals	2,823	2,820	-3	-0.11
Monson Hospital — Epileptic.	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital — Epileptic.	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital — Epileptic.	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital — Epileptic.	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital — Epileptic.	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22
1925				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital — Epileptic.	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1932, Inclusive — Concluded.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ Number of Patients.	Percent-age.
1926				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital — Epileptic.	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34
1927				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital — Epileptic.	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	362	10.19
Monson Hospital — Epileptic.	967	1,214	247	25.54
Total	20,580	22,908	2,329	11.31
1929				
State Hospitals	16,161	18,150	1,989	12.30
State Schools	3,654	3,941	287	7.85
Monson Hospital — Epileptic.	1,037	1,241	204	19.67
Total	20,852	23,332	2,480	11.89
1930				
State Hospitals	16,270	18,558	2,288	14.06
State Schools	3,866	4,159	293	7.58
Monson Hospital — Epileptic.	1,131	1,290	159	14.05
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	17,752	19,106	1,354	7.62
State Schools	4,061	4,412	351	8.64
Monson Hospital — Epileptic.	1,131	1,340	209	18.47
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	17,883	19,460	1,577	8.81
State Schools	4,297	4,566	269	6.26
Monson Hospital — Epileptic.	1,171	1,396	225	19.21
Total	23,351	25,422	2,071	8.86

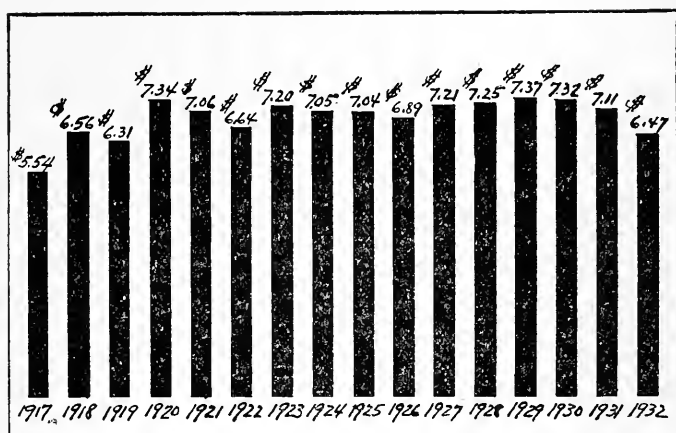
¹Minus sign indicates decrease in number of patients or percentage undercrowding.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1932, Inclusive.*¹

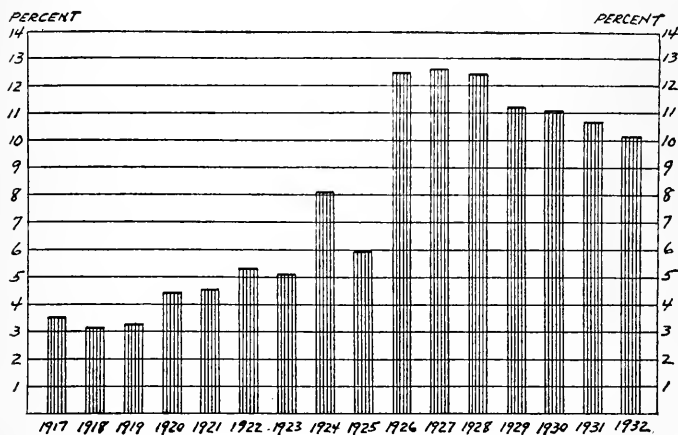
YEAR	Number of Patients in Institutions.	Number of Paying Patients	Percentage of Resident Patients
1904.	10,100	1,189	11.7
1905.	10,071	1,217	12.1
1906.	10,237	1,299	12.7
1907.	10,602	1,300	12.3
1908.	11,460	1,390	12.1
1909.	11,994	1,488	12.4
1910.	12,562	1,462	11.6
1911.	12,972	1,521	11.3
1912.	13,481	1,585	11.8
1913.	13,949	1,603	11.5
1914.	14,202	1,503	10.6
1915.	14,786	1,506	10.2
1916.	15,054	1,535	10.2
1917.	15,434	1,512	9.8
1918.	15,476	1,595	10.3
1919.	15,217	1,548	10.2
1920.	15,678	1,526	9.7
1921.	16,428	1,683	10.2
1922.	16,810	1,604	9.4
1923.	17,051	1,985	11.6
1924.	17,515	1,916	10.9
1925.	17,990	2,051	11.4
1926.	18,149	2,194	12.1
1927.	18,573	2,282	12.3
1928.	18,997	2,336	12.2
1929.	19,391	2,345	12.0
1930.	19,848	2,361	11.0
1931.	20,446	2,310	11.2
1932.	20,856	2,219	10.6

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1932, Inclusive.*

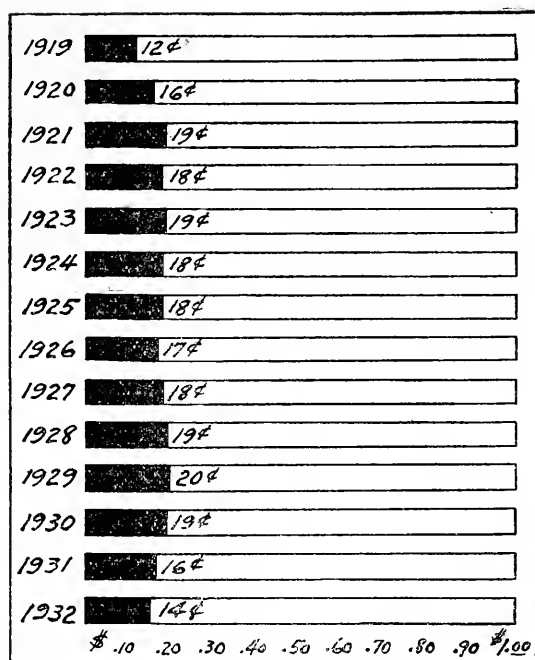
YEAR	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1932.



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917 TO 1932.



GRAPH C. — PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919 TO 1932.

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes under Care in Mental Hospitals, 1932, and Previous Years.

Section A is devoted to a general discussion of all classes under treatment, and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1932. Other items of general interest, including the legal forms of admission to mental hospitals, are outlined.

ALL CLASSES UNDER CARE, 1932

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1932, and comprises cases actually within institutions.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1932.*

LOCATION	Total All Forms	With Psychoses	WITHOUT PSYCHOSES			
			Epileptic	Mentally Defective	Borderline or Dull ²	Other Groups
<i>Public Institutions.</i>						
Boston State	2,063	2,041	—	11	—	11
Boston Psychopathic	79	63	1	3	—	12
Danvers	2,075	2,067	—	1	—	7
Foxborough	1,106	1,084	—	21	—	1
Gardner	1,327	1,274	—	50	—	3
Grafton	1,428	1,423	—	3	—	2
Medfield	1,746	1,741	—	—	—	5
Metropolitan	1,230	1,230	—	—	—	—
Northampton	1,673	1,634	—	37	—	2
Taunton	1,547	1,543	—	1	—	3
Westborough	1,449	1,438	—	2	—	9
Worcester	2,136	2,122	—	—	—	14
Monson (Epileptic)	1,396	692	699	—	—	5
Mental Wards (State Infirmary)	657	643	—	14	—	—
Bridgewater	944	916	2	22	—	4
Family Care under Department	13	13	—	—	—	—
Belchertown State School	1,235	—	—	1,156	79	—
Walter E. Fernald State School	1,694	—	—	1,665	29	—
Wrentham State School	1,637	—	—	1,585	52	—
Hospital Cottages for Children	95	—	2	87	—	6
Almshouses ¹	205	154	12	39	—	—
Total	25,735	20,078	716	4,697	160	84
<i>Private Institutions</i>						
McLean Hospital	196	192	—	—	—	4
U. S. Veterans' Hospital No. 95	547	539	—	4	—	4
U. S. Veterans' Hospital No. 107	638	626	—	—	—	12
Seventeen other private institutions	281	128	5	94	—	54
Total	1,662	1,485	5	98	—	74
Total — All Classes under Care	27,397	21,563	721	4,795	160	158

¹Taken from Report of Overseers of Poor, 1932.

²Patients not mentally defective, I. Q. .75 or over.

There were 27,397 patients of all classes under treatment in institutions (both public and private) on September 30, 1932. Compared with the population of Massachusetts as of April 1, 1930*, this makes a rate of 644 patients under treatment for each 100,000 in the general population, or approximately one person in 155. Of this total number, 21,563 (78.7 per cent) were insane; 721 (2.6 per cent) were epileptic sane cases; 4,795 (17.5 per cent) were mentally defective; 160 (.6 per cent) were borderline or dull admissions; and 158 (.6 per cent) were classified as "other groups without psychoses".

The total number under care in public institutions was 25,735 or 94.0 per cent. The total number under care in private institutions was 1,662 or 6.0 per cent.

*Population as of April 1, 1930 — 4,249,614.

During the last statistical year the number of patients under treatment increased from a total of 26,841 on September 30, 1931, to a total of 27,397 on September 30, 1932, an increase of 556 patients. Those under care in public institutions had a total increase of 589, while those under care in private institutions showed a decrease of 33 patients during the year.

(a) *The Insane*

The total cases held as insane in institutions on September 30, 1932, numbered 21,563. This is at the rate of 507 per 100,000 of the population of the State, or one to every 197 of the population.

The total insane in public institutions number 20,078, a rate of 472 per 100,000 of the population of the State. There was an increase over the previous year of 515 in the insane actually within public institutions.

The total insane under private care decreased 11 as compared with an increase of 158 for the year 1931.

(b) *The Mentally Defective*

There were 98 mentally defective cases in private institutions, and 4,697 cases in public institutions, making a total of 4,795 cases in both public and private institutions. This is at the rate of 112 per 100,000 of the population of the State. There was an increase of 21 for the year as compared with an increase of 220 for the previous year.

(c) *The Epileptic Sane*

The epileptic population not classified as insane numbered 721, most of whom were cared for in public institutions. The rate for this group is 16 per 100,000 of the population of the State. This year shows an increase of 51 in these cases.

(d) *Borderline or Dull*

One hundred and sixty cases were classified as "borderline" or "dull" during the last statistical year. These comprise chiefly children who were admitted to State schools for the mentally defective. The rate of admission for this group is 3 per 100,000 of the general population.

(e) *Other Groups Without Psychoses*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 158 with 84 or 53.1 per cent of this number in public institutions, and 74 or 46.9 per cent in private institutions. The rate for this class as a whole is 3 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals that have not been classified as having a psychosis.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1932

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1932, inclusive. The insane in State hospitals have shown an increase of 12,715 patients over the 29-year period, representing a percentage increase of 120.8. The number of patients in schools for the mentally defective showed an increase of 4,110 over the same period, representing a percentage increase of 485.2. The total increase of all patients on the books of both public and private institutions since 1904 was 18,213, representing a percentage increase of 155.6.

There has been an average annual increase of 662 patients on the books of all institutions over the past 29 years (Table 3). This increase was greatest for the State Hospitals and McLean, the average increase of patients being 472 per year. The State schools as a group showed an average increase of 143 patients per year. The private institutions for insane, inebriates, etc., and the private institutions for the mentally defective, showed average annual increases of 42, and 3 respectively.

TABLE 2. — *Patients on Books of All Public and Private Institutions September 30, 1904-1932.*

YEAR.	Total.	State Hospitals. ¹	State Schools.	PRIVATE INSTITUTIONS	
				For Insane, Inebriates, etc.	Mentally Defective.
1904	11,705	10,519	847	259	80
1905	12,495	11,111	1,028	279	77
1906	13,159	11,665	1,120	298	76
1907	13,602	12,021	1,228	276	77
1908	14,440	12,752	1,332	282	74
1909	15,107	13,298	1,443	293	73
1910	15,996	13,968	1,654	294	80
1911	16,859	14,720	1,772	273	94
1912	17,640	15,274	1,985	283	98
1913	18,396	15,964	2,049	293	90
1914	18,414	15,759	2,366	222	67
1915	19,196	16,434	2,471	229	62
1916	20,203	17,020	2,873	250	60
1917	20,659	17,403	2,947	250	59
1918	21,510	17,934	3,115	297	164
1919	21,578	17,919	3,219	281	159
1920	21,716	18,123	3,163	269	161
1921	22,556	18,738	3,375	306	137
1922	23,199	19,467	3,315	285	132
1923	23,964	19,774	3,762	282	146
1924	24,897	20,043	4,075	629	150
1925	25,565	20,526	4,125	765	149
1926	25,646	20,607	4,145	737	157
1927	25,911	20,843	4,162	747	165
1928	26,802	21,218	4,304	1,120 ²	170
1929	27,289	21,575	4,363	1,124	227
1930	28,461	22,313	4,557	1,389	202
1931	29,206	22,672	4,815	1,534	185
1932	29,918	23,234	4,957	1,536	191

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane patients in Family Care under the Department.

²Increase largely due to U. S. Veterans' Hospital No. 107 being admitted to Statistical System as a licensed Institution, August 11, 1928.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1932

Tables 4 and 5 show, respectively, the number of patients actually within public institutions and McLean Hospital on September 30 of each year from 1904 to 1932, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 14,916 patients actually occupying hospital beds representing a percentage increase of 139.3. The average annual increase over the 29-year period is 540.

The number of patients within institutions for the insane and McLean Hospital has shown a total increase of 11,197 since 1904, and a percentage increase of 113.6. The average annual increase was 410.

The patients within State Schools showed an increase of 3,719 over the 29-year period, a percentage increase of 439.0. The average annual increase was 129.

PATIENTS "ON VISIT" FROM STATE HOSPITALS, 1931 AND 1932

Table 6 shows the total number of cases on the books of each State hospital, the total number out "on visit" and the percentage out "on visit" on September 30, for the years 1931 and 1932. It will be observed that the total number of patients on the books increased during 1932. The total number out "on visit" also showed an increase during the last statistical year, the percentage being 7.8 in 1932 as against 7.2 in 1931. This increase is evident for each institution with the exception of the Psychopathic Hospital, Gardner, Taunton, Westborough and Bridgewater.

The total number of patients out "on visit" and "on escape" for each year, 1904-1932, inclusive, is shown in Table 7. As will be observed, the percentage "on visit" showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these is given separately for the years 1920 through 1932. The percentage of patients "on visit" from State Hospitals has varied somewhat during the last thirteen years and shows a slight tendency to decrease. The percentage of patients "on escape" shows less variation, but there is a tendency to decrease during the

last two years. On the whole, however, there has been no significant variation in either of the groups.

TABLE 3. — *Annual Increase of Patients on Books, 1904-1932.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.	PRIVATE INSTITUTIONS.	
				For Insane Inebriates, etc.	Mentally Defective.
1904	1,018	980	47	-1 ²	-8
1905	790	592	181	20	-3
1906	664	554	92	-19	-1
1907	443	356	108	-22	1
1908	838	731	104	6	-3
1909	667	546	111	11	-1
1910	889	670	211	1	7
1911	863	752	118	-21	14
1912	781	554	213	10	4
1913	756	690	64	10	-8
1914	18	-205	317	-71	-23
1915	782	675	105	7	-5
1916	1,007	586	402	21	-2
1917	456	383	74	-	-1
1918	851	531	168	47	105
1919	68	-15	104	-16	-5
1920	138	204	-56	-12	2
1921	840	615	212	37	-24
1922	643	729	-60	-21	-5
1923	765	307	447	-3	14
1924	933	269	313	347	4
1925	668	483	50	136	-1
1926	81	81	20	-28	8
1927	265	236	17	10	8
1928	891	375	142	373 ³	5
1929	477	357	59	4	57
1930	1,172	738	194	265	-25
1931	745	359	258	145	-17
1932	712	562	142	2	6
Average 29 years	(662)	(472)	(143)	(42)	(3)

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane patients in Family Care under the Department.

²Minus sign indicates decrease.

³Increase due largely to U. S. Veterans' Hospital No. 107 becoming a licensed institution August 11, 1928.

TABLE 4. — *Total Patients Within Institutions September 30, 1904-1932.*

YEAR.	Total.	State Hospitals. ¹	State Schools.
1904	10,702	9,855	847
1905	11,279	10,251	1,028
1906	11,541	10,421	1,120
1907	12,035	10,807	1,228
1908	13,010	11,678	1,332
1909	13,656	12,213	1,443
1910	14,346	12,779	1,567
1911	14,831	13,189	1,642
1912	15,547	13,702	1,845
1913	16,002	14,080	1,922
1914	16,603	14,409	2,194
1915	17,177	14,868	2,309
1916	17,848	15,266	2,582
1917	18,317	15,644	2,673
1918	18,448	15,685	2,763
1919	18,360	15,621	2,739
1920	18,712	15,892	2,820
1921	19,586	16,645	2,941
1922	19,865	17,016	2,849
1923	20,504	17,265	3,239
1924	21,179	17,719	3,460
1925	21,804	18,211	3,593
1926	22,033	18,373	3,660
1927	22,607	18,820	3,787
1928	23,128	19,216	3,912
1929	23,539	19,598	3,941
1930	24,213	20,054	4,159
1931	25,070	20,658	4,412
1932	25,618	21,052	4,566

¹Includes McLean Hospital, Bridgewater and Tewksbury.

TABLE 5. — *Annual Increase of Patients Within Institutions, 1904-1932.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.
1904	766	719	47
1905	577	396	181
1906	262	170	92
1907	494	386	108
1908	975	871	104
1909	646	535	111
1910	690	566	124
1911	485	410	75
1912	716	513	203
1913	455	378	77
1914	601	329	272
1915	574	459	115
1916	671	398	273
1917	469	378	91
1918	131	41	90
1919	-88 ²	-64	-24
1920	352	271	81
1921	874	753	121
1922	279	371	-92
1923	639	249	390
1924	675	454	221
1925	625	492	133
1926	229	162	67
1927	574	447	127
1928	521	396	125
1929	411	382	29
1930	674	456	218
1931	857	604	253
1932	548	394	154
Average 29 years.	(540)	(410)	(129)

¹Includes McLean Hospital, Bridgewater and Tewksbury.²Minus sign indicates decrease.TABLE 6. — *Patients on Visit from State Hospitals September 30, 1931-1932.*

HOSPITALS.	1931			1932		
	Number on Books.	Number on Visit.	Percent-age.	Number on Books.	Number on Visit.	Percent-age.
Boston State	2,311	166	7.1	2,282	205	8.9
Boston Psychopathic	145	67	46.2	127	48	37.8
Danvers	2,322	245	10.5	2,343	252	10.7
Foxborough	1,135	71	6.2	1,210	86	7.1
Gardner	1,375	58	4.2	1,475	50	3.4
Grafton	1,407	15	1.0	1,457	21	1.4
Medfield	1,896	76	4.0	1,878	92	4.9
Metropolitan	1,153	15	1.3	1,273	37	2.9
Northampton	1,792	163	9.0	1,888	202	10.7
Taunton	1,724	195	11.3	1,706	153	8.9
Westborough	1,585	204	12.8	1,683	204	12.1
Worcester	2,471	238	9.6	2,542	333	13.1
Monson	1,469	116	7.9	1,533	122	7.9
Bridgewater	946	5	.5	949	3	.3
Tewksbury	700	3	.4	663	3	.4
Total	22,431	1,637	7.2	23,009	1,811	7.8

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT, 1932

During 1932, 144 new cases were admitted to family care under the authority of the trustees of the various State hospitals and under the Department, (Table 8). This is an increase of 25 over the previous year. At the beginning of the statistical year (October 1, 1931) there were 192 patients in family care, while at the close of the year (September 30, 1932) there were 207 patients remaining. One new case was admitted to family care under the Department of Mental Diseases during 1932. At the beginning of the year there were 22 cases, and at the end of the year there were 13 cases remaining in family care under the Department.

TABLE 7. — *Number of Patients on Visit and on Escape from State Hospitals, and Total Patients on Books, 1904-1932, inclusive.*¹

YEAR.	Total Patients on Books.	Patients on Visit and Escape. ²	Patients on Visit	Patients on Escape	Percentage on Visit and Escape.	Percentage on Visit.	Percentage on Escape.
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0
1931	21,311	—	1,514	178	—	7.1	.8
1932	22,029	—	1,679	147	—	7.6	.6

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxboro, sane epileptics at Monson, and patients in family care under the Department.

²Includes escapes up to 1920.

TABLE 8. — *Family Care Under Institution Trustees and Under the Department during 1932.*

HOSPITALS	Patients in Family Care September 30, 1931			Number Admitted during Year			Patients remaining in Family Care September 30, 1932		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston	—	15	15	—	4	4	—	10	10
Danvers	—	13	13	—	1	1	—	9	9
Gardner	5	64	69	5	44	49	6	72	78
Grafton	2	9	11	—	11	11	2	6	8
Medfield	—	8	8	1	4	5	—	10	10
Northampton	—	5	5	—	1	1	—	3	3
Taunton	—	5	5	—	2	2	—	4	4
Westborough	10	14	24	2	9	11	10	17	27
Worcester	2	18	20	13	46	59	6	39	45
Total for Hospitals.	19	151	170	21	122	143	24	170	194
Under Department.	—	22	22	—	1	1	—	13	13
Grand Total.	19	173	192	21	123	144	24	183	207

The annual cost for the care of patients in family care under the Department is shown in Table 9, together with similar costs for the preceding year. The cost for patients boarded out under the supervision of the various State hospitals is borne by the individual institution.

EX-SERVICE MEN IN STATE HOSPITALS, 1931 AND 1932

On September 30, 1931 there were 368 ex-service men in State hospitals, while on September 30, 1932 there were 409 (Table 10). The daily average number on the books during the last statistical year was 424.39, while the daily average number actually cared for during this year was 388.96.

TABLE 9. — *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1931-1932.*

	FISCAL YEAR ENDING	
	Nov. 30, 1931	Nov. 30, 1932
Payments for Board	\$3,423.32	\$2,900.07
Average number of patients exclusive of private patients	15.46	13.41
Weekly per capita cost of board	\$4.26	\$4.15
Payments for extra clothing, etc., not included in board rate	\$25.07	\$27.80
Payments for medical attendance, etc., not included in board rate	—	—
Weekly per capita cost of such expense outside of board rate	\$.03	\$.04
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.)	\$4.28	\$4.19
Payments for supervision (being transportation, salaries and expenses of visitors) by the Department of patients under the Department and the hospitals, totaling 206 on November 30, 1932	\$2,331.05	\$2,502.85

TABLE 10. — *Number of Ex-Service Men on Books of State Hospitals, September 30, 1931-1932.*¹

	1931			1932		
	M.	F.	T.	M.	F.	T.
Number on Books September 30	360	8	368	401	8	409
Daily average number on books during year	371.24	7.15	378.39	415.39	9.00	424.39
Daily average number actually in during year	339.55	7.15	346.70	380.34	8.62	388.96

¹All State Hospitals, Bridgewater and Tewksbury.

LEGAL FORMS OF ADMISSION TO HOSPITALS FOR MENTAL DISEASES AND EPILEPSY

For the convenience of those unfamiliar with the legal procedure in admitting patients to Massachusetts State Hospitals, the following paragraphs are inserted to describe the outline of the forms in use at the present time.

1. Commitment of Insane: Sec. 51, Chap. 123, G. L.

- Application.
- Medical certificate by two physicians graduated from a legally chartered medical school or college and in actual practice for three years last preceding the making of the oath.
- Order of commitment by justice of the superior court in any county and either of the judges of probate for Suffolk County, and the judge of probate for Nantucket County, or a justice or special justice of a district court.

2. Commitment for Observation: Sec. 77, Chap. 123, G. L.

- Application.
- Medical certificate by two qualified physicians.
- Order of commitment for thirty-five days by judge.
- Report of hospital superintendent to judge relative to commitment from observation.
- If insane, after observation, commitment by judge.
- Discharge by superintendent if not insane.

3. Temporary care of persons needing immediate care and treatment because of mental derangement other than drunkenness: Sec. 79, Chap. 123, G. L.

- Commitment limited to ten days.
- Application may be made by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectmen, police officer of a town, or by an agent of the institutions department of Boston.

4. Commitment of persons violently insane without order of the Court: Emergency admission, Sec. 78, Chap. 123, G. L.

- Certificate of two qualified physicians.
- Period of detention, five days.
- Applicant responsible for commitment or removal within five days.

5. Voluntary admission: Sec. 86, Chap. 123, G. L.

- For admission of insane persons, inebriates or narcotic addicts on a voluntary basis, who make written application therefore and are mentally competent to make application.

- b. Cannot be detained for more than three days after having given three days' written notice of intention to leave.
6. Commitment of persons under complaint or indictment: Sec. 100, Chap. 123, G. L.
 - a. Commitment pending the determination of insanity, under such limitations as the court may order.
 - b. Report of hospital superintendent to the court when the patient is restored to sanity and return of patient to custody of court from which he was removed.
7. Commitment of persons acquitted of murder, etc., by reason of insanity: Sec. 101, Chap. 123, G. L.
 - a. Committed to state hospital for life.
 - b. Discharge by Governor upon recommendation of Department of Mental Diseases.
8. Examination of alleged insane prisoners in the State Prison, Massachusetts Reformatory, Prison Camps and Hospital, Reformatory for Women, by psychiatrists designated by the D. M. D., Sec. 102, Chap. 123, G. L.
9. Removal of insane prisoners to State hospitals committed under Sec. 102; Sec. 103, Chap. 123, G. L., as amended by Chapter 166, Acts of 1931.
 - a. Removal of insane prisoner to Bridgewater State Hospital if a male, or one of the State hospitals, if a female.
 - b. Report of hospital superintendent to court if in his judgment patient should be returned to prison.
10. Commitment of insane prisoners under sentence in jail, house of correction or prison other than those named in Sec. 102; Sec. 104, Chap. 123, G. L., as amended by Chap. 166, Acts of 1931.
 - a. Report of physician to jailer regarding insanity of prisoner.
 - b. Transmitting of above report to judge.
 - c. Removal of insane prisoners to State hospitals.
11. Commitment of insane epileptics: Sec. 69, Chap. 123, G. L.
 - a. Commitment to Monson State Hospital of insane epileptics if not criminal, inebriate or violently insane.
 - b. Commitment to Monson State Hospital of dangerous epileptics, in the manner provided for the commitment of dipsomaniacs and inebriates.
12. Voluntary admission of epileptics to Monson State Hospital: Sec. 87, Chap. 123, G. L.
 - a. Certificate of epilepsy by physician.
 - b. Written application of patient who is mentally competent to make the application.
 - c. Cannot be detained more than three months after having given written notice of intention to leave.

For the purposes of statistical treatment, the various modes of admission have been classified under four headings:

1. *Regular Court Commitment.* Under regular commitment are included commitments under Sec. 51; regular commitment from observation, 77; 101, 103, 104 and 69; Chap. 123, G. L.; and Sec. 62.
2. *Observation.* Observation cases are patients admitted under authority of Sec. 100, Sec. 103 and Sec. 104, Chap. 123, G. L.; and Sec. 77, Chap. 123, G. L.
3. *Temporary Care.* Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chap. 123, G. L.; Chap. 307, Acts of 1910; and Section 84, Chap. 123, G. L.
4. *Voluntary.* Voluntary cases are patients admitted under authority of Sec. 86, Chap. 123, G. L.; and Sec. 87, Chap. 123, G. L.

Section B. All Admissions to Mental Hospitals during 1932.

The following section discusses data in reference to regular court admissions, temporary care admissions, observation admissions, voluntary admissions and transfers to State hospitals during 1932. The discussion of all readmitted cases is likewise included in this section.

ALL FIRST AND READMISSIONS, 1928-1932, INCLUSIVE

Table 11 shows the total number of cases admitted under the various forms of admission for all first and readmissions, 1928-1932, inclusive. In the aggregate for both groups, we observe that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but showed an increase to 6,421 in 1930, 6,632 in 1931, and 6,660 in 1932. Practically the same fluctuation is observed in voluntary first admissions over the five-year period. The first admissions on temporary care showed a decrease between 1928 and 1930, but increased during 1931 and 1932. First admissions for observation have shown a steady increase in numbers from 1928 to 1931 inclusive. There was a slight drop during 1932, however. First admissions by court commitment show more fluctuation than the other groups, the number admitted on this form reaching a slightly higher level in 1932 than in 1931, although the number of admissions on this status is less than in 1928.

TABLE 11. — *First and Readmissions to State Hospitals, 1928-1932, inclusive by Form of Admission and Sex.*¹

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	34
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33
1932	T.	6,660	5,301	3,057	1,497	535	212	1,359	714	374	199	72
	M.	3,641	2,941	1,594	824	398	125	700	337	210	116	37
	F.	3,019	2,360	1,463	673	137	87	659	377	164	83	35

¹Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

Readmissions under the various forms show a continued increase during the first four years, being 1,158 in 1928, 1,180 in 1929, 1,292 in 1930, and 1,361 in 1931. This increase is especially noted in readmissions under the temporary care, observation and voluntary forms. During 1932 each of the readmission groups showed a decrease in numbers, with the exception of the readmissions on voluntary and temporary care status.

It would seem from this table that there is a growing tendency, especially among first admissions where the increases over the five-year period are most noticeable, to use the observation, temporary and voluntary forms of admission more frequently. The increase in voluntary admissions is interesting as it measures the willingness of individuals to come to the mental hospital of their own free will.

COURT FIRST ADMISSIONS AND READMISSIONS, 1931 AND 1932.

During 1932, a total of 3,800 patients were admitted under regular court commitment as insane to the State hospitals and McLean (Table 12). Of these, 3,085 or 81 per cent were first admissions, and 715 or 19 per cent were readmissions. There was a decrease of 25 in the total admissions during 1932. First admissions showed an increase of 5 cases. The readmissions, however, showed a decrease of 30 cases. The total admission rate for 1932 was 89 per 100,000 of the population of the State (1930 census). The first admission rate was 72 and the readmission rate was 16.

TABLE 12. — *First Admissions and Readmissions by Court Commitment to State Hospitals, 1931 and 1932, by Hospital.*

HOSPITALS ²	TOTAL ADMISSIONS		FIRST ADMISSIONS		Readmissions	
	1931	1932	1931	1932	1931	1932
Boston State	510	517	429	433	81	84
Boston Psychopathic	147	137	142	116	5	21
Danvers	597	586	473	487	124	99
Foxborough	180	236	143	200	37	36
Gardner	89	89	73	70	16	19
Grafton	64	51	56	32	8	19
Medfield	156	181	124	142	32	39
Northampton	458	414	355	337	103	77
Taunton	445	394	345	300	100	94
Westborough	406	452	324	345	82	107
Worcester	564	599	445	503	119	96
Monson (epileptic)	22	12	21	11	1	1
Bridgewater	55	51	46	46	9	5
Tewksbury	42	3	33	2	9	1
McLean	90	78	71	61	19	17
Total	3,825	3,800	3,080	3,085	745	715

¹For forms of admission included under court commitment see page 115 of text.²Includes McLean Hospital.TABLE 13. — *First Court Commitments (First Admissions) to Public and Private Hospitals for the Insane and Epileptic 1904—1932 inclusive.*

YEAR	TOTAL, ALL HOSPITALS		State Hospitals ²	McLean	Private
	Number	Rate per 100,000 General Population ¹			
1904	3,160	80.9	2,337	89	28
1905	2,237	72.4	2,136	72	29
1906	2,120	67.3	1,990	87	43
1907	2,463	76.8	2,286	128	49
1908	2,555	78.3	2,383	108	64
1909	2,536	76.5	2,340	111	85
1910	2,677	79.4	2,470	112	95
1911	2,680	78.4	2,459	106	115
1912	2,772	79.9	2,562	98	112
1913	3,247	92.6	3,024	84	139
1914	3,112	87.1	2,925	61	126
1915	3,264	90.6	3,087	60	117
1916	3,323	87.8	3,109	76	138
1917 ³	4,315	82.6 ⁴	4,097	62	156
1918 ³	3,894	72.5 ⁴	3,702	64	128
1919 ³	4,011	78.8 ⁴	3,752	64	195
1920	3,009	77.6	2,768	51	190
1921	3,310	84.5	3,054	45	211
1922	3,508	88.4	3,325	31	152
1923	3,006	75.0	2,786	50	170
1924	3,208	78.8	2,879	53	274
1925	3,134	77.4	2,902	63	169
1926	3,071	73.5	2,821	70	175
1927	2,953	69.8	2,765	73	125
1928	3,423	80.3	3,075 ⁶	64	284 ⁶
1929	3,218	73.4	2,949	56	213
1930	3,250	76.4	3,077	57	116
1931	3,145	74.0	3,009	71	65
1932	3,139	73.8	3,024	61	54

¹Population estimated for intercensal years.²Includes Bridgewater and Tewksbury.³Includes Temporary Care Admissions to State Hospitals.⁴Estimated, less Temporary Care Admissions.⁵Includes 24 first admissions on court commitment, R. C. 69 Sane Dangerous at Monson.⁶Increase due to U. S. Veterans' Hospital No. 107 becoming a licensed institution, August 11, 1928.

FIRST COURT COMMITMENTS, 1904-1932, INCLUSIVE

The total number of regular court first admissions to all public and private hospitals for the insane and epileptic is shown for the period 1904 to 1932, inclusive, in Table 13. When studied over a period of years, the first regular court admissions probably give the best rough index of the magnitude of mental disease

throughout the State. Although there was some fluctuation over the 29-year period the general trend has remained somewhat stationary, and rather indicates that there has been no perceptible increase in mental disease in this State.

TEMPORARY CARE ADMISSIONS, 1932

Table 14 shows the total first admissions and readmissions under temporary care forms to State Hospitals and McLean during 1932. There was an increase of 42 in the numbers admitted between 1931 and 1932. The total for the former year was 1,845 and for the latter year 1,887. One thousand five hundred and ten cases, or 80.0 per cent were readmitted. The rate per 100,000 of the population of the State (1930 Census) for all admissions under temporary care was 44; for first admissions 35; and for readmissions 8.

TABLE 14. — *First Admissions and Readmissions of Temporary Care Cases¹ to State Hospitals, 1932, by Hospital.*

HOSPITALS ²	Total Admissions	First Admissions	Readmissions
Boston State	138	106	32
Boston Psychopathic	1,488	1,191	297
Danvers	125	100	25
Foxborough	8	6	2
Gardner	16	15	1
Grafton	—	—	—
Medfield	17	13	4
Northampton	20	20	—
Taunton	28	23	5
Westborough	2	2	—
Worcester	29	21	8
Monson (epileptic)	—	—	—
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	16	13	3
Total.	1,887	1,510	377

¹For forms of admission included under Temporary care see page 115 of text. This table includes only temporary care cases not followed by court commitment.

²Includes McLean Hospital.

TABLE 15. — *First Admissions and Readmissions of Observation Cases¹ to State Hospitals, 1932, by Hospital.*

HOSPITALS ²	Total Admissions	First Admissions	Readmissions
Boston State	59	21	38
Boston Psychopathic	259	204	55
Danvers	95	67	28
Foxborough	18	13	5
Gardner	2	2	—
Grafton	4	—	4
Medfield	9	7	2
Northampton	36	30	6
Taunton	51	48	3
Westborough	31	17	14
Worcester	147	114	33
Monson (epileptic)	—	—	—
Bridgewater	23	12	11
Tewksbury	—	—	—
McLean	9	7	2
Total.	743	542	201

¹For forms of admission included under commitment for observation see page 115 of text. This table includes only observation cases not followed by court commitment.

²Includes McLean Hospital.

OBSERVATION ADMISSIONS, 1932

The total number of cases admitted to State Hospitals and McLean during 1932 under observation status was 743, (Table 15). This is a decrease of 3 over the previous year. Five hundred forty-two cases, or 73 per cent of the total, were admitted under observation for the first time, while 201, or 27 per cent, were readmitted. The rate per 100,000 of the population of the State (1930 Census) is 17 for total admissions: 13 for first admissions and 4 for readmissions on this status.

VOLUNTARY ADMISSIONS, 1932

Table 16 shows the first admissions and readmissions of voluntary care cases to State Hospitals and McLean during the year 1932. The total patients admitted under this status was 339, an increase of 6 over the preceding year. Two hundred forty-one cases, or 71 per cent, were first admissions, and 98 cases, or 29 per cent, were readmissions.

TABLE 16. — *First Admissions and Readmissions of Voluntary Care Cases¹ to State Hospitals, 1932, by Hospital.*

HOSPITALS ²	Total Admissions	First Admissions	Readmissions
Boston State	—	—	—
Boston Psychopathic	62	39	23
Danvers	—	—	—
Foxborough	—	—	—
Gardner	10	8	2
Grafton	—	—	—
Medfield	2	1	1
Northampton	5	3	2
Taunton	18	9	9
Westborough	9	1	8
Worcester	6	3	3
Monson (epileptic)	172	148	24
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	55	29	26
Total	339	241	98

¹For forms of admission included under Voluntary Care see page 115 of text.

²Includes McLean Hospital.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1932

The voluntary care admissions and the rate per 100,000 of the estimated population of the State for each year 1911 to 1932, inclusive, is shown in Table 17. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1932, there were 433 voluntary admissions to public and private institutions.

TABLE 17. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1932.¹*

YEAR	Number	Rate per 100,000 estimated population of State
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96
1932	433	10.18

¹All public and private institutions for the insane and epileptic.

LEGAL STATUS OF ALL COURT ADMISSIONS

Table 18 shows the legal status of all regular court first admissions to all Hospitals under the Department of Mental Diseases during the year 1932. Of the total of 3,103 regular court admissions, 1,561 or 50.3 per cent were admitted outright under regular court commitment; 1,008 or 32.4 per cent had been held under a temporary care status immediately preceding the court commitment; 142 or 4.5 per cent had been held under a temporary care and observation form of admission preceding the regular court commitment; 381 or 12.2 per cent had been admitted for observation immediately preceding the regular commitment; and 11 or .36 per cent had had one or more short term forms of other types preceding the regular court commitment.

TABLE 18. — *Legal Status of All Court Admissions to all Hospitals for the Year Ended September 30, 1932.*¹

FORMS OF ADMISSION ²	FIRST ADMISSIONS		READMISSIONS	
	Number	Percentage	Number	Percentage
Regular Court	1,561	50.31	311	41.63
Temporary Care and Court	1,008	32.48	327	43.77
Temporary Care, Observation and Court	142	4.58	33	4.42
Observation and Court	381	12.27	69	9.24
Others and Court	11	.36	7	.94
Total	3,103	100.00	747	100.00

¹Unless otherwise stated, the following tables include all State Hospitals, McLean Hospital, Bridge-water, Tewksbury and U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95.

²For forms of admission included under these headings see page 115 of text.

In the readmissions, 311 or 41.6 per cent were admitted outright on regular court commitment. Three hundred twenty-seven or 43.7 per cent were preceded by a temporary care admission; 33 or 4.4 per cent were preceded by a temporary care and observation admission; 69 or 9.2 per cent had an observation admission only preceding the court commitment; and 7, or .94 per cent had some other short term form of admission preceding the regular court commitment.

In both the first and readmissions cases, the various forms noted previous to the regular court commitment immediately preceded the latter status without the patient having left the hospital. The forms of admission as shown in Table 18 indicate the general procedure which is typical to all institutions in admitting patients on regular court commitment.

While not included in the table, it is interesting to know that of the 1,872 court admissions not preceded by temporary forms, 846 cases had a temporary residence at the Boston Psychopathic Hospital, immediately preceding the present admission.

LEGAL STATUS OF ALL CASES ADMITTED FOR FIRST TIME DURING 1932

Table 19 gives the percentage distribution of the various forms of legal status for the total 5,439 cases admitted for the first time to all hospitals under the supervision of the Department during 1932. In considering the total for all institutions, we see that the regular court commitment was used more than any other form, as 29.4 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 26.8 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 18.5 per cent of cases; observation and court commitment, 7.0 per cent; and observation commitment alone in 7.0 per cent of cases.

Considering the state hospitals only, the following institutions had the largest proportion of patients sent to them through regular court commitment: Grafton State Hospital, 93.8 per cent; Westborough State Hospital, 70.1 per cent; and Medfield State Hospital, 51.6 per cent. This commitment form was used in the smallest proportion of admissions at Taunton State Hospital, 31.8 per cent; Danvers State Hospital, 26.3 per cent, and Monson State Hospital, 22.9 per cent.

TABLE 19. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1932, by Hospital — Number and Percentage Distribution.*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOXBOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court ¹	1,594	29.4	254	45.4	—	—	172	26.3	110	50.2	36	37.9	30	93.8	84	51.6	156	40.0
Temporary Care.	1,460	26.8	105	18.8	1,141	73.6	100	15.3	6	2.7	15	15.8	—	—	13	7.9	20	5.1
Observation.	381	7.0	14	2.5	187	12.1	35	5.4	4	1.8	—	—	—	—	2	1.2	17	4.4
Voluntary	193	3.5	—	—	2	.1	—	—	—	—	5	5.3	—	—	1	.5	—	—
Temporary Care and Court	1,008	18.5	145	25.8	104	6.7	239	36.5	41	18.7	27	28.4	1	3.1	40	24.5	132	33.8
Temporary Care, Observation and Court	142	2.6	13	2.3	9	.6	32	4.9	10	4.6	2	2.1	—	—	3	1.8	26	6.7
Observation and Court	381	7.0	19	3.4	—	—	43	6.5	39	17.8	3	3.1	1	3.1	15	9.3	23	5.9
Others and Court	11	.3	2	.4	3	.2	1	.2	—	—	2	2.1	—	—	—	—	—	—
Other Combinations	269	4.9	8	1.4	104	6.7	32	4.9	9	4.2	5	5.3	—	—	5	3.1	13	3.3
Total	5,439	100.0	560	100.0	1,550	100.0	654	100.0	219	100.0	95	100.0	32	100.0	163	100.0	390	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		TEWKSBURY		U. S. VETERANS' No. 107		U. S. VETERANS' No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	121	31.8	256	70.1	274	42.7	44	22.9	3	2.7	45	77.6	2	100.0	6	31.5	1	11.1
Temporary Care.	23	6.1	2	.5	21	3.3	—	—	13	11.8	—	—	—	—	1	5.3	—	—
Observation.	29	7.6	13	3.6	68	10.6	—	—	—	—	12	20.7	—	—	—	—	—	—
Voluntary	5	1.3	1	.3	3	.5	148	77.1	18	16.4	—	—	—	—	5	26.3	2	22.2
Temporary Care and Court	87	22.9	16	4.4	120	18.7	—	—	46	41.8	—	—	—	—	5	26.3	5	55.6
Temporary Care, Observation and Court	55	14.6	6	1.6	17	2.7	—	—	9	8.2	—	—	—	—	—	—	—	—
Observation and Court	77	20.3	67	18.4	92	14.3	—	—	—	—	1	1.7	—	—	1	5.3	—	—
Others and Court	—	—	—	—	—	—	—	—	3	2.7	—	—	—	—	—	—	—	—
Other Combinations	23	6.1	4	1.1	46	7.2	—	—	18	16.4	—	—	—	—	1	5.3	1	11.1
Total	380	100.0	365	100.0	641	100.0	192	100.0	110	100.0	58	100.0	2	100.0	19	100.0	9	100.0

¹Includes 33 sane dangerous cases at Monson.

TABLE 20. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1932, by Hospital — Number and Percentage Distribution.*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOXBOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court ¹ .	327	22.5	37	24.0	—	—	35	23.0	22	51.2	8	36.4	13	56.5	19	41.3	27	31.8
Temporary Care.	366	25.2	32	20.8	288	72.7	23	15.1	2	4.7	1	4.5	—	—	4	8.7	—	—
Observation.	156	10.8	30	19.5	45	11.4	12	7.9	4	9.3	—	—	4	17.4	2	4.3	6	7.1
Voluntary.	74	5.1	—	—	3	.8	—	—	—	—	2	9.1	—	—	1	2.2	2	2.3
Temporary Care and Court.	327	22.5	36	23.4	19	4.8	46	30.3	6	13.9	8	36.4	5	21.7	14	30.4	46	54.1
Temporary Care, Observation and Court.	33	2.3	5	3.2	2	.5	10	6.6	1	2.3	3	13.6	—	—	1	2.2	1	1.2
Observation and Court.	69	4.8	4	2.6	—	—	8	5.3	7	16.3	—	—	1	4.4	5	10.9	3	3.5
Others and Court.	7	.5	2	1.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations.	92	6.3	8	5.2	39	9.8	18	11.8	1	2.3	—	—	—	—	—	—	—	—
Total.	1,451	100.0	154	100.0	396	100.0	152	100.0	43	100.0	22	100.0	23	100.0	46	100.0	85	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		TEWKESBURY		U. S. VETERANS' No. 107		U. S. VETERANS' No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court.	32	28.8	67	51.9	40	28.6	17	41.5	2	4.2	5	31.3	1	100.0	1	5.3	1	4.0
Temporary Care.	5	4.5	—	—	8	5.7	—	—	3	6.2	—	—	—	—	—	—	—	—
Observation.	1	.9	14	10.9	25	17.9	—	—	2	4.2	11	68.7	—	—	—	—	—	—
Voluntary.	6	5.4	3	2.3	3	2.1	24	58.5	21	43.7	—	—	—	—	1	5.3	8	32.0
Temporary Care and Court.	41	37.0	26	20.1	42	30.0	—	—	12	25.0	—	—	—	—	12	63.1	14	56.0
Temporary Care, Observation and Court.	4	3.6	1	.8	2	1.4	—	—	2	4.2	—	—	—	—	1	5.3	—	—
Observation and Court.	16	14.4	12	9.3	12	8.6	—	—	—	—	—	—	—	—	—	—	1	4.0
Others and Court.	—	—	1	.8	—	—	—	—	—	—	—	—	—	—	—	—	1	4.0
Other Combinations.	5	4.5	5	3.9	8	5.7	—	—	1	2.1	—	—	—	—	3	15.7	—	—
Total.	111	100.0	129	100.0	140	100.0	41	100.0	48	100.0	16	100.0	1	100.0	19	100.0	25	100.0

¹Includes 16 sane dangerous cases at Monson.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 73.6 per cent of cases admitted on this form. Boston State Hospital with 18.8 per cent, and Gardner State Colony, with 15.8 per cent, followed in order. Worcester State Hospital with 3.3 per cent, Foxborough State Hospital with 2.7 per cent, and Westborough State Hospital with .5 per cent, used the temporary care form the least of any of the institutions. It will be noted that this form of admission was not used at all during the year at the Grafton State Hospital and at Monson State Hospital.

In the use of the combination of temporary care and court commitment Danvers State Hospital stood first with 36.5 per cent. There followed in order, the Northampton State Hospital with 33.8 per cent, Gardner State Hospital with 28.4 per cent, and Boston State Hospital with 25.8 per cent. This combination was used the least at the Grafton State Hospital with 3.1 per cent, Westborough State Hospital with 4.4 per cent, and Boston Psychopathic Hospital, with 6.7 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1932

Table 20 shows the percentage distribution in legal status of all cases readmitted to State Hospitals for mental diseases during 1932. In considering the total for all institutions, we observe that the temporary care form was used more than any other form, 25.2 per cent of all readmissions entering the hospitals by this means.

The regular court commitment used alone and when used in combination with the temporary care form came second in importance, each of these showing percentages of 22.5. The observation form alone was used in 10.8 per cent of cases; voluntary form alone in 5.1 per cent; while observation, followed by court commitment, was used in 4.8 per cent of cases. It will be noted that other combinations were used in 6.3 per cent of the cases admitted during the last statistical year.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State Hospitals for mental diseases during 1932:

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and all Readmissions, 1932

	<i>All Cases Admitted for First Time</i>	<i>All Re- mitted Cases</i>
Court Commitment	29.4	22.5
Temporary Care	26.8	25.2
Observation	7.0	10.8
Voluntary	3.5	5.1
Temporary Care and Court Commitment	18.5	22.5
Temporary Care, Observation and Court Commitment	2.6	2.3
Observation and Court Commitment	7.0	4.8
Others and Court Commitment . . . . .	.3	.5
Other Combinations	4.9	6.3
Total	100.0	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient.

With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used less in committing readmissions than in committing first admissions, 22.5 per cent of readmissions, as compared with 29.4 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was

used in 22.5 per cent of readmissions, and in a smaller proportion of first admissions, 18.5 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions, yet we observe that the observation form was used in 10.8 per cent of readmissions and in but 7.0 per cent of first admissions. Again in considering the voluntary form of admission, we see that readmissions used this form in 5.1 per cent of cases, while first admissions used it in the proportion of 3.5 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 26.8 per cent of first admissions, and 25.2 per cent of readmissions. The combination of observation admission and court commitment was used in 7.0 per cent of first admissions and 4.8 per cent of readmissions.

FORMS OF ADMISSION OF ALL FIRST AND READMISSIONS

Table 21 shows the number and percentage distribution of all first and readmissions during 1932 by psychoses and form of admission. Among the first admissions it will be observed that the senile psychoses show the largest percentage admitted under a court commitment, 93.9 per cent. The second position is held by psychoses with cerebral syphilis, with 84.8 per cent. In the readmissions the largest percentage admitted under a court commitment, (exclusive of psychoses with Huntington's chorea which included only one case), are cases with involution melancholia, 100.0 per cent. The second highest group among the readmissions comprise the dementia praecox cases, with 78.3 per cent, while the third highest group comprised the psychoses with cerebral arteriosclerosis, with 75.5 per cent.

With the exception of the cases on which the diagnosis was deferred, the largest percentage of cases admitted under temporary care among the first admissions are the undiagnosed psychoses, and psychoses due to drugs, 64.2 per cent and 55.4 per cent, respectively. In the readmissions the undiagnosed psychoses again show the highest percentage, 76.9 per cent, while the psychoses with other somatic diseases take second place with 43.8 per cent.

It is interesting to note that cases without psychoses make up a large percentage of the patients admitted under observation in both the first admissions and the readmissions, 36.3 per cent and 44.0 per cent, respectively. The alcoholic psychoses show the second highest percentage among the first admissions, 15.5 per cent. Psychoses with psychopathic personality take second place among readmissions for observation, 26.1 per cent.

The highest percentage of first admissions who enter the institution on a voluntary status are cases with epileptic psychoses, 34.9 per cent. The percentage of this psychosis is also high among voluntary readmissions, 27.3 per cent. Cases having psychoneuroses and neuroses also show a high percentage of voluntary admissions among both the first and readmissions to State hospitals, 11.4 per cent and 28.6 per cent, respectively.

Among all clinical groups it will be observed that admissions by court commitment predominate in both first and readmissions, with temporary care coming next in order of importance. Readmission cases show a much higher percentage of observation and voluntary admissions than do the first admissions. Readmissions have 14.0 per cent of cases admitted under observation as against 9.9 per cent for first admissions, and 7.4 per cent of cases admitted under a voluntary status as compared with 4.6 per cent of first admissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 22 shows that the number of cases admitted for the first time comprise 3,103 or 80.6 per cent of the total admitted under court commitment during 1932.¹ Seven and one tenth per cent were admitted for the second time; 5.4 per cent for the third time; 3.0 per cent for the fourth time; and 1.4 per cent

¹Whereas the total number of first regular court admissions to State Hospitals and McLean is 3,085, in the following tables U. S. Veterans' Hospital No. 107 at Bedford and No. 95 at Northampton are added making a grand total of 3,103 first regular court commitments. The total readmissions has increased from 715 to 747. The two Veterans' Hospitals above were added to the statistical system of the Department of Mental Diseases during the statistical year 1928 and will be considered in all future analyses of the statistics on mental diseases in this State.

for the fifth time. It is observed that .6 per cent had their tenth or higher admission during the year. It is evident that approximately 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for this one year. The average number of times admitted was 1.49 for both sexes.

TABLE 22. — *Number of Times Admitted, All Court Commitments¹, 1932; Percentage Distribution.*

NUMBER OF TIMES ADMITTED	NUMBER			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
One	1,625	1,478	3,103	81.6	79.5	80.6
Two	134	139	273	6.7	7.5	7.1
Three	111	97	208	5.6	5.2	5.4
Four	50	66	116	2.5	3.6	3.0
Five	26	28	54	1.3	1.5	1.4
Six	18	20	38	.9	1.1	1.0
Seven	7	11	18	.3	.6	.5
Eight	8	5	13	.4	.3	.3
Nine	4	1	5	.2	.05	.1
Ten or more	9	13	22	.5	.7	.6
Total	1,992	1,858	3,850	100.0	100.0	100.0
Average Number of Times Admitted.	1.46	1.52	1.49			

¹All first admissions and readmissions by court commitment.

Table 23 gives the average number of times admitted for all court admissions during the year, by psychoses. This table reveals to us the tendency for readmission, which is exhibited in certain of the psychoses. The highest averages for number of times admitted are as follows: manic-depressive, 2.22; psychoses with psychopathic personality, 1.80; cases without psychoses, 1.60; and dementia praecox and paranoia or paranoid conditions, 1.56 each. The lowest averages are observed in psychoses with cerebral arteriosclerosis, 1.10; psychoses with other somatic diseases, 1.09; undiagnosed psychoses, 1.08; and psychoses with brain tumor, with pellagra, and diagnosis deferred, 1.00 time each.

TABLE 23. — *Average Number of Times Admitted, All Court Commitments¹, 1932, by Psychoses.*

PSYCHOSES	Number	Average Number of Times Admitted
Traumatic	22	1.22
Senile	230	1.13
With cerebral arteriosclerosis	638	1.10
General paralysis	232	1.20
With cerebral syphilis	33	1.27
With Huntington's chorea	4	1.25
With brain tumor	6	1.00
With other brain or nervous diseases	75	1.30
Alcoholic	248	1.39
Due to drugs and other exogenous toxins	23	1.47
With pellagra	3	1.00
With other somatic diseases	111	1.09
Manic-depressive	652	2.22
Involution melancholia	111	1.19
Dementia praecox	923	1.56
Paranoia or paranoid conditions	110	1.56
Epileptic psychoses	47	1.27
Psychoneuroses and neuroses	66	1.27
With psychopathic personality	35	1.80
With mental deficiency	172	1.48
Undiagnosed psychoses	49	1.08
Without psychoses	58	1.60
Diagnosis deferred	2	1.00
Total	3,850	1.49

¹All first admissions and readmissions by court commitment.

SEASONAL VARIATION IN ALL TYPES OF ADMISSIONS

The seasonal variation in all admissions to mental hospitals, including all types of admission, is shown in Table 24. In considering all types of admissions, together, we see that during the last statistical year the month of admission with the highest figure is that of May with 9.2 per cent. The month showing the fewest admissions is that of February with 6.8 per cent. This differs considerably from the same data for 1930 and 1931, both of which years showed the highest admission month as July and the lowest admission month as November.

TABLE 24. — *Seasonal Variation in Month of Admission, All Admissions, 1932, by Type of Admission; Number and Percentage Distribution.*¹

MONTH OF ADMISSION	All Admissions		COURT COMMITMENT				All Temporary Admissions ²		All Voluntary Admissions	
			First Admissions		Readmissions					
	No.	%	No.	%	No.	%	No.	%	No.	%
1931										
October	569	8.3	251	8.0	61	8.0	229	8.7	28	7.8
November	545	7.9	241	7.7	63	8.3	214	8.1	27	7.5
December	552	8.0	250	8.0	76	10.0	205	7.8	21	5.9
1932										
January	578	8.4	257	8.2	61	8.0	226	8.6	34	9.5
February	467	6.8	234	7.5	52	6.8	155	5.9	26	7.3
March	601	8.7	269	8.6	66	8.6	227	8.6	39	10.9
April	609	8.8	247	7.9	71	9.3	254	9.6	37	10.3
May	636	9.2	289	9.2	74	9.7	239	9.1	34	9.5
June	616	8.9	314	10.0	60	7.8	220	8.4	22	6.2
July	575	8.4	273	8.7	57	7.5	218	8.3	27	7.5
August	567	8.2	255	8.1	64	8.4	218	8.3	30	8.4
September	575	8.4	256	8.1	58	7.6	228	8.6	33	9.2
Total	6,890	100.0	3,136	100.0	763	100.0	2,633	100.0	358	100.0

¹Does not include transfers.

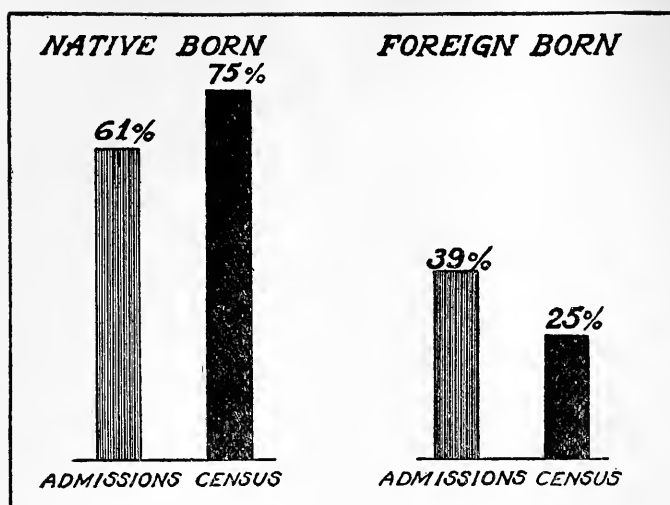
²All forms of temporary care, including observation.

First admissions under court commitment show the high admission month to be June, with 10.0 per cent. The lowest proportion occurred in February, 7.5 per cent. Readmissions under court commitment have December as the high month, with 10.0 per cent, and February as the low month, with 6.8 per cent. Admissions under all temporary forms have April as the high month, with 9.6 per cent, and February as the low month, with 5.9 per cent. All voluntary admissions show the highest proportion during the months of March and April with 10.9 and 10.3 per cent respectively. The low month for this group is December, with 5.9 per cent. In considering seasonal variation, it is necessary to divide the cases into various types of admission insofar as many different factors operate in the selection of the particular type of admission to suit the individual patient.

TABLE 25. — *Nativity and Parentage of First Court and Temporary Care Admissions, 1932, Compared with State Population, 1930.*

	Aggregate.	Foreign Born	Native Born	PARENTAGE OF NATIVE BORN			
				Native	Foreign	Mixed	Unknown
Court Admissions	3,103	1,219	1,884	795	628	382	79
Temporary Admissions ¹	2,633	906	1,727	676	600	400	51
Both types	5,736	2,125	3,611	1,471	1,228	782	130
Percentage:							
Court Admissions	100.0	39.3	60.7	42.2	33.3	20.3	4.2
Temporary Admissions	100.0	34.4	65.6	39.1	34.7	23.2	3.0
Both types	100.0	37.0	63.0	40.7	34.0	21.7	3.6
State Population U. S. Census 1930	100.0	25.2	74.8	45.6	38.2	16.2	—

¹Includes admissions for temporary care and observation.



GRAPH 1. — NATIVITY OF FIRST COURT ADMISSIONS, 1932, COMPARED WITH POPULATION OF MASSACHUSETTS. (U. S. CENSUS 1930).

NATIVITY AND PARENTAGE, ALL FIRST COURT AND TEMPORARY ADMISSIONS

Table 25 and Graph 1 show the nativity and parentage of regular court and temporary admissions for the year 1932. According to the 1930 census, the foreign born comprised 25.2 per cent of the State population. Thirty-four and four tenths per cent of temporary admissions during 1932 were foreign born, and 39.3 per cent of regular court admissions were foreign born. Thus, we observe an excess of foreign born to the extent of 9.2 per cent in the temporary admissions and 14.1 per cent in the regular court admissions.

In regard to the native-born we see that they made up 74.8 per cent of the population in 1930. Sixty-five and six tenths per cent of temporary admissions, and 60.7 per cent of the regular court admissions during 1932 were native-born. Thus, we see a deficiency of 9.2 per cent of native-born among the temporary admissions and a deficiency of 14.1 per cent among the regular court admissions.

It appears that the use of temporary forms of admission is largely a matter of education insofar as we note that the temporary admissions are apparently being used to a much larger extent by the native-born population than they are by the foreign born population. That is, the temporary forms bringing a patient to the hospital during the earliest stages of his mental disease, are being made use of more commonly by the native-born. The regular court commitment, which is the form used in the course of the mental disorder and which carries a certain amount of compulsion in its execution, is more frequently used by the foreign born.

If we consider the parentage of the native-born only, as represented in admissions to our mental hospitals, and compare these with the State population, we note that both the native-born of native parents and the native-born of foreign parents are under-represented. However, the native-born of mixed parentage are over-represented in our hospital admissions for the year 1932.

ADMISSION AGES OF NATIVE AND FOREIGN BORN FIRST COURT ADMISSIONS

Table 26 shows the percentage distribution of ages of all first regular admissions during 1932, by nativity, parentage and sex. The average age of all first admissions is 48.6; 49.0 for males and 48.1 for females. This is the same as the average age of first admissions in 1931, the average for the latter year also being 48.6, although the average ages of the individual sexes varied from that of the present year.

There is a difference of seven years between the average ages of the native-born and foreign born male first admissions, 46.2 for the male native-born as compared with 53.6 for male foreign born. The difference between the female native and foreign born first admissions is nine years, 44.5 for the native-born and 53.6 for foreign born females. For both sexes together the difference in ages is eight years, being 45.4 for native-born and 53.6 for foreign born. It will be observed in Table 26 that the greater percentage of admissions of the native-born occur between the ages 20 and 44 years. For the foreign born, the greater percentage of admissions is somewhat higher, occurring between the ages of 35 and 59 years.

ADMISSION AGES OF NATIVE AND FOREIGN BORN, ALL TEMPORARY ADMISSIONS

The average age in years of the 2,633 temporary admissions during 1932 is 38.9 for both sexes (Table 27). When compared with first admissions, there is a difference of 9.7 years between all temporary admissions (38.9 years) and first regular admissions (48.6 years). We find here, too, that the foreign born have a higher average age at admission than the native-born, the difference being approximately ten years. The greater percentage of admissions of the native-born occurred between the years 15 and 39. The greater percentage of temporary admissions of the foreign born occurred between 35 and 59 years.

AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS

Table 28 gives the numbers of first regular court admissions for 1932, and the average admission age for certain psychoses. The highest admission ages occur in the following groups: senile psychoses, 75.5 years; psychoses with cerebral arteriosclerosis, 69.4 years; and involution melancholia, 52.8 years. The lowest average ages at admission are observed in cases with psychopathic personality, 29.3 years; psychoses with mental deficiency, 32.6 years; and epileptic psychoses, 33.9 years.

TABLE 28. — *Average Admission Age of First Court Admissions, 1932, by Certain Psychoses.*

PSYCHOSES	FIRST ADMISSIONS			AVERAGE ADMISSION AGE IN YEARS		
	M.	F.	T.	M.	F.	T.
Senile	83	131	214	74.7	76.0	75.5
With cerebral arteriosclerosis	340	258	598	70.1	68.3	69.4
General paralysis	158	48	206	46.4	43.9	45.8
With other brain or nervous diseases	28	34	62	39.0	45.7	42.6
Alcoholic	168	35	203	46.9	47.2	46.9
With other somatic diseases	38	67	105	53.0	48.1	49.9
Manic-depressive	195	220	415	44.9	39.4	42.0
Involution melancholia	32	65	97	55.7	51.3	52.8
Dementia praecox	330	348	678	32.1	35.8	34.0
Paranoia or paranoid conditions	35	51	86	48.0	46.7	47.2
Epileptic psychoses	15	25	40	36.8	32.1	33.9
With psychopathic personality	12	14	26	26.4	31.9	29.3
With mental deficiency	73	67	140	32.7	32.4	32.6
Without psychoses	23	27	50	31.6	36.5	34.3
All other psychoses	95	88	183	46.8	42.7	44.8
Total	1,625	1,478	3,103	49.0	48.1	48.6

In considering the average admission age by sex, we see that the greatest differences in average admission ages occur in the psychoses with other brain or nervous diseases (males 39.0 years, females 45.7 years); manic-depressive psychoses, (males 44.9 years, females 39.4 years); and psychoses with psychopathic personality (males 26.4 years, females 31.9 years). For all psychoses we see that the average age for males is .9 years higher than that of females (males 49.0, females 48.1 years).

The average admission age of first court admissions is given by hospital in Table 29. The highest admission ages are found at the Boston State Hospital, 54.4 years; Gardner State Colony, 50.6 years; Taunton State Hospital, 50.1 years; and Tewksbury, 50.0 years. The lowest admission age occurs at Monson with an

average age of 25.5 years. U. S. Veterans' Hospital No. 107 and Bridgewater are next in order, the average for each being 36.6 years and 38.0 years respectively. It is quite obvious that varying problems of medical care will face those institutions that draw their admissions from the older age groups rather than the younger.

TABLE 29. — *Average Age of Admission of First Admissions by Court Commitment during 1932, by Hospital.*

HOSPITALS	FIRST ADMISSIONS COURT COMMITMENT			AVERAGE AGE AT ADMISSION		
	M.	F.	T.	M.	F.	T.
Boston State	208	225	433	54.4	54.3	54.4
Boston Psychopathic	64	52	116	41.8	35.8	39.1
Danvers	249	238	487	51.2	48.6	49.9
Foxborough	91	109	200	46.5	47.9	47.3
Gardner	36	34	70	52.9	48.2	50.6
Grafton	19	13	32	44.4	37.8	41.7
Medfield	70	72	142	48.2	47.0	47.6
Northampton	175	162	337	46.5	47.0	46.7
Taunton	153	147	300	52.1	48.0	50.1
Westborough	177	168	345	48.1	48.5	48.3
Worcester	280	223	503	48.9	47.7	48.4
Monson	4	7	11	15.2	31.3	25.5
McLean	33	28	61	48.8	37.6	43.7
Bridgewater	46	—	46	38.0	—	38.0
Tewksbury	2	—	2	50.0	—	50.0
U. S. Veterans' No. 107	12	—	12	36.6	—	36.6
U. S. Veterans' No. 95	6	—	6	41.6	—	41.6
All Hospitals	1,625	1,478	3,103	49.0	48.1	48.6

COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS

Table 30 indicates that the largest proportion of admissions to our State Hospitals for the insane came from Canada (including Newfoundland) and Ireland, respectively. However, these countries have large representations in our population, and it becomes necessary to determine the rates based on population. The rates per 100,000 State population of the same country of birth are also outlined in Table 30.

TABLE 30. — *Country of Birth of Foreign Born First Court Admissions,¹ 1932; Rates per 100,000 State Population Same Country of Birth, 1930.*

COUNTRY OF BIRTH	PERCENTAGE		Rates
	First Court Admissions	State Population 1930 Census	
Austria . . . . .	.9	.4	257.
Canada	23.5	27.3	98.
England	7.8	7.4	119.
Finland	2.1	1.2	191.
Germany	2.6	1.9	155.
Greece	1.4	1.6	101.
Ireland	20.2	15.1	154.
Italy	9.3	11.9	89.
Poland	5.8	6.8	97.
Portugal	4.9	2.4	237.
Russia	6.2	6.4	110.
Scotland	2.9	3.1	106.
Sweden	4.1	3.6	135.
Other Countries	8.3	10.9	87.
	100.0	100.0	114.

¹Number of Foreign Born First Court Admissions, 1,211.

LENGTH OF RESIDENCE IN UNITED STATES OF FOREIGN BORN FIRST COURT AND ALL TEMPORARY ADMISSIONS

As Table 31 indicates, by far the greater proportion of our foreign born admissions have been resident in this country for a period of 15 years and over. This is true both for first regular and all temporary foreign born admissions. If the data

in this table is compared with that of Tables 26 and 27 in which we noted the higher average age of foreign born admissions, we see a probable reason for the higher ages noted in those tables. The foreign born who come to this country comprise chiefly the adult age groups. When we add to this the fact that the great majority of these foreign born patients have been resident in this country for a period of 15 years or more before admission, we see the reason for the higher admission ages.

TABLE 31. *Length of Residence in the United States of Foreign Born Admissions, 1932; Percentage Distribution.*

TIME IN UNITED STATES	FIRST COURT ADMISSIONS						ALL TEMPORARY ADMISSIONS ¹					
	Number			Percentage			Number			Percentage		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . . .	16	6	22	2.6	1.0	1.8	13	11	24	2.5	2.9	2.7
5-9 years . . .	7	13	20	1.1	2.2	1.7	17	24	41	3.2	6.5	4.5
10-14 years . . .	9	12	21	1.4	2.0	1.7	15	13	28	2.8	3.5	3.1
15 years and over	592	556	1,148	94.9	94.8	94.8	484	325	809	91.5	87.1	89.7
Total . . .	624	587	1,211	100.0	100.0	100.0	529	373	902	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

CITIZENSHIP OF ALL ADMISSIONS

Table 32 gives the citizenship of all admissions for 1932, and shows that 64.8 per cent of all admissions were citizens by birth. The 1930 census presents 74.8 per cent citizens by birth. This reveals that the native-born are under-represented in considering all admissions to mental hospitals for this particular year. The foreign born made up 30.9 per cent of all admissions for 1932. This is an excess over the proportion of foreign born in the population, which is recorded as 25.2 per cent.

TABLE 32. — *Citizenship of All Admissions, 1932; Compared with State Population, 1930.*¹

CITIZENSHIP	TOTAL		MALES		FEMALES		State Population 1930
	Number	Percent	Number	Percent	Number	Percent	
Citizens by Birth . . .	4,972	64.8	2,754	65.1	2,218	64.4	74.8
Foreign Born . . .	2,375	30.9	1,329	31.4	1,046	30.4	25.2
Citizens by Naturalization	1,120	14.6	629	14.9	491	14.3	—
Aliens . . .	1,255	16.3	700	16.5	555	16.1	—
Citizenship Unknown . . .	327	4.3	148	3.5	179	5.2	—
Total . . .	7,674	100.0	4,231	100.0	3,443	100.0	100.0

¹This table includes all cases admitted to mental hospitals, irrespective of legal status of admission. Includes transfers.

There are no great differences between the sexes, although there are slightly more native-born males (65.1 per cent) admitted than native-born females (64.4 per cent).

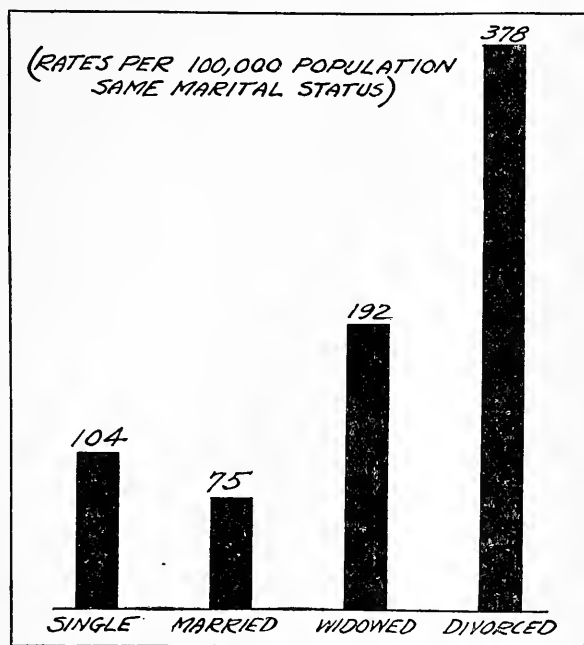
TABLE 33. — *Marital Status of First Court Admissions, 1932; Rates per 100,000 State Population Same Marital Status, U. S. Census, 1930.*

MARITAL STATUS	NUMBER			PER CENT DISTRIBUTION			RATE PER 100,000 OF SAME MARITAL STATUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single . . .	646	503	1,149	39.8	34.0	37.0	118.4	91.1	104.6
Married ¹ . . .	720	588	1,308	44.3	39.8	42.2	82.7	67.6	75.1
Widowed . . .	185	305	490	11.4	20.6	15.8	255.4	167.6	192.6
Divorced . . .	47	50	97	2.9	3.4	3.1	442.9	332.8	378.4
Separated . . .	21	32	53	1.3	2.2	1.7	—	—	—
Unknown . . .	6	—	6	.3	—	.2	213.6	—	127.4
Total . . .	1,625	1,478	3,103	100.0	100.0	100.0	108.1	91.3	99.3

¹Rate includes "married" and "separated".

MARITAL CONDITION OF FIRST COURT AND TEMPORARY ADMISSIONS

The marital status of all first regular court and temporary admissions is outlined in Tables 33 and 34 respectively, and Graph 2. Rates per 100,000 State population of the same marital status are also shown. It will be observed that the rates of admission for both regular court and temporary care cases are higher for single than for married patients; 104.6 for the single and 75.1 for the married first regular court admissions, and 107.5 for the single and 62.8 for the married, all temporary admissions.



GRAPH 2. — MARITAL CONDITION OF FIRST ADMISSIONS, 1932.
RATES PER 100,000 OF SAME MARITAL CONDITION IN
MASSACHUSETTS POPULATION (U. S. CENSUS 1930).

There is a noticeable difference in the rate of admission of single males and single females for both forms of admission, the rate for males being perceptibly higher. In the case of the "widowed", the rate of admission under first regular court commitment is higher than the rate for either single or married patients. Here, too, there is a noticeable difference in the rates for males and for females. The highest rate for both forms of admission is shown in the "divorced" cases. These rates are not so significant as the others, however, as the numbers involved are smaller.

TABLE 34. — Marital Status of All Temporary Admissions, 1932; Rates per 100,000 State Population Same Marital Status, U. S. Census, 1930.

MARITAL STATUS	NUMBER			PER CENT DISTRIBUTION			RATE PER 100,000 OF SAME MARITAL STATUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	742	438	1,180	47.4	41.0	44.8	136.0	79.3	107.5
Married ¹	663	430	1,093	42.4	40.3	41.5	76.1	49.4	62.8
Widowed	92	119	211	5.9	11.1	8.0	127.0	65.4	82.9
Divorced	32	43	75	2.0	4.0	2.8	301.6	286.2	292.6
Separated	32	37	69	2.0	3.5	2.7	—	—	—
Unknown	4	1	5	.3	.1	.2	142.4	52.6	106.2
Total	1,565	1,068	2,633	100.0	100.0	100.0	104.2	65.9	84.3

¹Rates includes "married" and "separated".

AVERAGE ADMISSION AGES OF FIRST COURT AND TEMPORARY ADMISSIONS

Table 35 reveals the average age of first regular court and temporary admissions for 1932, divided in accordance with the marital status of the patient at the time of admission. In the first regular admissions, we observe that the widowed reveal the highest average admission age, 67.6 years. The divorced were next in order with an average of 50.8 years. The lowest average age was observed in the single group, 38.1 years. The average age of all first admissions was 48.6 years.

TABLE 35. — *Average Admission Age of First Court and Temporary Admissions, 1932, by Marital Status.*

MARITAL STATUS	AVERAGE AGE IN YEARS					
	FIRST COURT ADMISSIONS			ALL TEMPORARY ADMISSIONS ¹		
	M.	F.	T.	M.	F.	T.
Single	37.4	39.1	38.1	31.7	29.1	30.7
Married	54.1	45.8	50.4	45.6	40.8	43.7
Widowed	68.1	67.3	67.6	57.9	58.6	58.3
Divorced	52.2	49.5	50.8	42.0	40.6	41.2
Separated	54.6	47.8	50.5	43.1	40.0	41.4
Unknown	49.1	—	49.1	37.5	27.5	35.5
All Groups.	49.0	48.1	48.6	39.6	38.0	38.9

¹Includes admissions for temporary care and observation.

In considering the admissions under temporary care, we see that essentially the same situation prevails. Again, the widowed presented the highest average age, 58.3 years, being followed by the married group, 43.7 years. Again the lowest average admission age is shown in the group who were single at the time of admission, 30.7 years. The average age for all types of marital status grouped together was 38.9 years for temporary admissions.

In the first regular admissions we observe considerable differences between the sexes. The males who are single are admitted at an age, approximately two years less than that of the females (males 37.4 years, females 39.1 years). The married group shows just the opposite condition in that the men are admitted at an average age which is eight years higher than that of the women (males 54.1 years, females 45.8 years). In the widowed group the average ages remain approximately the same for both sexes. In the divorced and separated groups, however, it will be noted that the males show the higher admission ages, averaging three years higher than females among the divorced, and approximately seven years higher than the females among the separated.

In the temporary admissions, we observe that in the single group the males are not younger, as in the first admissions, but average two years older than the females at admission (males 31.7 years, females 29.1 years). In the married group, the males again show the higher age at admission (males 45.6 years, females 40.8 years). In the widowed group we find the females admitted approximately one year later than the males (males 57.9 years, females 58.6 years). The divorced group shows the higher age at admission to occur in males, (males 42.0 years, females 40.6 years).

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS

Table 36 reveals the economic status of first regular court and temporary admissions for the year 1932. In the regular court admissions we see that the largest proportion of patients, 72.5 per cent, fall in the "marginal" group. The next largest proportion of patients come from the "dependent" class, 19.7 per cent, and the smallest proportion from the "comfortable" group, 6.3 per cent. In considering the temporary admissions, we note that the largest proportion of patients again fall in the "marginal" group, 88.1 per cent; 9.1 per cent are in the "dependent" group; and 1.8 per cent in the "comfortable" group. It is interesting to observe the differences between the two types of admission. There is a tendency for the temporary admissions to be made up chiefly of persons from the

"marginal" economic class, while the first regular admissions show higher proportions in the "comfortable" and "dependent" groups.

TABLE 36. *Economic Status of First Court and Temporary Admissions, 1932; Percentage Distribution.*

ECONOMIC STATUS	FIRST COURT ADMISSIONS						ALL TEMPORARY ADMISSIONS ¹					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . . .	332	279	611	20.4	18.9	19.7	151	88	239	9.6	8.3	9.1
Marginal . . .	1,169	1,080	2,249	71.9	73.1	72.5	1,361	958	2,319	87.0	89.7	88.1
Comfortable . . .	100	96	196	6.2	6.5	6.3	34	14	48	2.2	1.3	1.8
Unknown . . .	24	23	47	1.5	1.5	1.5	19	8	27	1.2	.7	1.0
Total . . .	1,625	1,478	3,103	100.0	100.0	100.0	1,565	1,068	2,633	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

ENVIRONMENT OF FIRST COURT AND ALL TEMPORARY ADMISSIONS

According to the Massachusetts census, 1930, the State of Massachusetts is predominantly "urban" in environment, (90.2 per cent). Table 37 shows that 95.1 per cent of all first regular admissions and 97.6 per cent of all temporary admissions come from an "urban" environment. Although the percentage of the population living in a "rural" environment in this State is 9.8 per cent, it will be observed in Table 37 that only 4.3 per cent of first regular admissions, and 1.9 per cent of all temporary admissions come from "rural" sections. We notice that even in Massachusetts, with a population predominantly urban, there is an excess of individuals coming from an "urban" environment.

TABLE 37. — *Environment of First Court and Temporary Admissions, 1932.*

	Total	Urban	Rural	Unknown
Number:				
First Admissions, Court Commitment	3,103	2,952	134	17
All Temporary Admissions ¹	2,633	2,569	50	14
Percentage:				
First Admissions, Court Commitment	100.0	95.1	4.3	.6
All Temporary Admissions	100.0	97.6	1.9	.5
Massachusetts Census, 1930	100.0	90.2	9.8	—
Rate per 100,000 population of same environment:				
First Admissions, Court Commitment	73.0	77.0	32.0	—
All Temporary Admissions	61.9	67.0	11.9	—

¹Includes admissions for temporary care and observation.

In making a comparison with the population, we see that the admission rate per 100,000 of the population of "rural" environment is 32.0 and for the "urban" districts the rate is 77.0. Considering the temporary admissions, the admission rate per 100,000 for the "rural" districts is 11.9, and for the "urban" districts 67.0. As we consider the use of the temporary care forms as an indication of progress in public understanding of psychiatric problems, we can see that this progress is more in evidence in the cities than in the rural districts.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS

Table 38 outlines the degree of education of first court and temporary admissions during 1932. As may be expected, the greater number of patients admitted to state institutions have had a common school education, with those of high school education coming next in number. We observe that 58.4 per cent of first court admissions had a common school education, 16.7 per cent attended high school, and 4.0 per cent had college work. Seven and six-tenths per cent were able to read and write, and 7.8 per cent were rated as illiterate.

The percentage of illiterates and those who read and write is higher in cases admitted on regular court commitment than those admitted on temporary care, 5.5 per cent and 6.2 per cent, respectively. Inversely, the proportion of those with a common school, high school or college education is higher in the temporary care group.

TABLE 38. — *Degree of Education of First Court and Temporary Admissions, 1932; Percentage Distribution.*

DEGREE OF EDUCATION	FIRST COURT ADMISSIONS						ALL TEMPORARY ADMISSIONS ¹					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	140	102	242	8.6	6.9	7.8	92	53	145	5.9	5.0	5.5
Reads and Writes	138	97	235	8.5	6.6	7.6	116	47	163	7.5	4.4	6.2
Common School	950	861	1,811	58.5	58.3	58.4	900	673	1,573	57.5	63.0	59.7
High School	239	280	519	14.7	18.9	16.7	321	239	560	20.5	22.4	21.3
College	72	52	124	4.4	3.5	4.0	93	36	129	5.9	3.3	4.9
Unknown	86	86	172	5.3	5.8	5.5	43	20	63	2.7	1.9	2.4
Total	1,625	1,478	3,103	100.0	100.0	100.0	1,565	1,068	2,633	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS

Table 39 gives the number and per cent of first regular court admissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions, (3,103 cases), 526 or 16.9 per cent were classified as being intemperate, (27.8 for males, and 5.1 per cent for females). We observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Exclusive of cases with pellagra and cases with diagnosis deferred because of the small numbers involved, we note that the next highest percentage of intemperate is found in the traumatic psychoses with 31.6 per cent, and the psychoses due to drugs with 27.8 per cent. The lowest percentages of admissions with intemperate habits are observed in the psychoneuroses and neuroses, 3.5 per cent; the epileptic psychoses, 5.0 per cent; and involution melancholia, 5.2 per cent.

TABLE 39. — *First Court Admissions Classified as Intemperate in the Use of Alcohol, 1932; Percentage Distribution.*¹

PSYCHOSES	NUMBER — FIRST ADMISSIONS			NUMBER INTEMPERATE			PERCENTAGE INTEMPERATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	3	19	6	—	6	37.5	—	31.6
Senile	83	131	214	19	2	21	22.9	1.5	9.8
With cerebral arteriosclerosis	340	258	598	80	6	86	23.5	2.3	14.4
General paralysis	158	48	206	36	7	43	22.8	14.6	20.9
With cerebral syphilis	21	7	28	3	—	3	14.3	—	10.7
With Huntington's chorea	—	3	3	—	—	—	—	—	—
With brain tumor	5	1	6	—	—	—	—	—	—
With other brain or nervous diseases	28	34	62	4	3	7	14.3	8.8	11.3
Alcoholic	168	35	203	168	35	203	100.0	100.0	100.0
Due to drugs and other exogenous toxins	6	12	18	5	—	5	83.3	—	27.8
With pellagra	1	2	3	1	1	2	100.0	50.0	66.7
With other somatic diseases	38	67	105	6	1	7	15.8	1.5	6.7
Manic-depressive	195	220	415	24	8	32	12.3	3.6	7.7
Involution melancholia	32	65	97	5	—	5	15.6	—	5.2
Dementia praecox	330	348	678	59	4	63	17.9	1.1	9.3
Paranoia and paranoid conditions	35	51	86	7	—	7	20.0	—	8.1
Epileptic psychoses	15	25	40	2	—	2	13.3	—	5.0
Psychoneuroses and neuroses	18	39	57	1	1	2	5.6	2.6	3.5
With psychopathic personality	12	14	26	2	2	4	16.7	14.3	15.4
With mental deficiency	73	67	140	14	2	16	19.2	2.9	11.4
Undiagnosed psychoses	28	19	47	6	—	6	21.4	—	12.8
Without psychoses	23	27	50	3	2	5	13.0	7.4	10.0
Diagnosis deferred	—	2	2	—	1	1	—	50.0	50.0
Total	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9

¹These percentages are based upon the total of each psychosis of first admissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS 1917-1932

Table 40 reveals the numbers of first regular admissions by years, and also states the numbers and percentages considered as intemperate for these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920,

10.6 per cent. After 1920 we observe a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentages for 1928 and 1929 remained the same, 16.7 per cent for both years. In 1930 there was a slight decrease to 16.2 per cent, while in 1931 there was a still further decrease to 15.4 per cent. The year 1932 showed a rise to 16.9 per cent.

TABLE 40. — *First Court Admissions, 1917-1932, Classified as Intemperate in the Use of Alcohol; Percentage Distribution.*¹

YEAR	TOTAL FIRST ADMISSIONS			NUMBER INTEMPERATE			PERCENT OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4
1932	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals, Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

Interesting sex differences are observed in the percentages of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 27.8 in 1932. The females decreased from 12.2 per cent in 1917 to 5.1 per cent in 1932. Roughly, this is a 32 per cent decrease for the males and a 58 per cent decrease for the females.

PSYCHOSES IN FIRST COURT ADMISSIONS, COURT READMISSIONS, TEMPORARY ADMISSIONS, AND OBSERVATION ADMISSIONS

Table 41 shows the number and percentage of all psychoses admitted during the year on the various forms of admission. When all types of admission are grouped together, the highest percentages are shown to occur in dementia praecox, 18.1 per cent; manic-depressive, 15.8 per cent; without psychoses, 13.1 per cent; and psychoses with cerebral arteriosclerosis, 11.7 per cent. The lowest percentages for all types of admissions are observed in traumatic psychoses, .5 per cent; Huntington's chorea, .1 per cent; psychoses with brain tumor, .1 per cent; and psychoses with pellagra, .1 per cent.

The most common diagnoses found in first regular admissions are as follows: dementia praecox, 21.8 per cent; cerebral arteriosclerosis, 19.3 per cent; manic-depressive psychoses, 13.4 per cent; senile psychoses, 6.9 per cent; and general paralysis, and alcoholic psychoses, 6.6 per cent each.

The most common diagnoses found among the regular court readmissions are: dementia praecox, 32.8 per cent; manic-depressive psychoses, 31.7 per cent; alcoholic psychoses, 6.0 per cent; cerebral arteriosclerosis, 5.4 per cent; and psychoses with mental deficiency, 4.3 per cent. As is to be expected, the great majority of readmissions are comprised of patients with dementia praecox and the manic-depressive psychoses.

With regard to patients admitted on a temporary form, the most common diagnoses outline themselves as follows: cases without psychoses, 20.6 per cent; manic-depressive psychoses, 17.6 per cent; dementia praecox, 11.0 per cent; alcoholic psychoses, 10.1 per cent; and undiagnosed psychoses, 7.2 per cent.

In considering the admissions for observation, we note that the largest percentages admitted under this form are cases without psychoses, 54.1 per cent; alcoholic psychoses, 9.9 per cent; manic-depressive psychoses, 5.7 per cent; and dementia praecox, 5.0 per cent.

TABLE 41. — *First Admissions, Readmissions, Temporary Care and Observation Admissions, 1932, by Psychoses; Percentage Distribution.*

PSYCHOSES	TOTAL ALL GROUPS				FIRST COURT ADMISSIONS				
	NUMBER			PERCENT	NUMBER			PERCENT	
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	28	4	32	8	.1	.5	16	3	19
Senile	97	153	250	2.7	5.2	3.8	83	131	214
With cerebral arteriosclerosis.	416	339	755	11.7	11.6	11.7	340	258	598
General paralysis	249	63	312	7.0	2.2	4.8	158	48	206
With cerebral syphilis	34	8	42	1.0	.3	.6	21	7	28
With Huntington's chorea	—	5	5	—	.2	.1	—	3	3
With brain tumor	6	2	8	.2	.1	.1	5	1	6
With other brain or nervous diseases	77	80	157	2.2	2.7	2.4	28	34	62
Alcoholic	430	83	513	12.2	2.8	7.9	168	35	203
Due to drugs and other exogenous toxins	36	29	65	1.0	1.0	1.0	6	12	18
With pellagra	4	2	6	.1	.1	.1	1	2	3
With other somatic diseases	75	119	194	2.1	4.1	3.0	38	67	105
Manic-depressive	456	571	1,027	12.8	19.5	15.8	195	220	415
Involution melancholia	43	87	130	1.2	2.9	2.1	32	65	97
Dementia praecox	595	573	1,168	16.7	19.5	18.1	330	348	678
Paranoia or paranoid conditions	78	113	191	2.2	3.9	2.9	35	51	86
Epileptic psychoses	50	42	92	1.4	1.4	1.4	15	25	40
Psychoneuroses and neuroses	54	101	155	1.5	3.5	2.4	18	39	57
With psychopathic personality	33	40	73	.9	1.4	1.1	12	14	26
With mental deficiency	110	113	223	3.1	3.9	3.4	73	67	140
Undiagnosed psychoses	112	93	205	3.1	3.2	3.2	28	19	47
Without psychoses	556	293	849	15.6	10.0	13.1	23	27	50
Diagnosis deferred	18	13	31	.5	.4	.5	—	2	2
Total	3,557	2,926	6,483	100.0	100.0	100.0	1,625	1,478	3,103
							100.0	100.0	100.0

TABLE 41. — *First Admissions, Readmissions, Temporary Care and Observation Admissions, 1932, by Psychoses; Percentage Distribution. — Concluded*

PSYCHOSES	COURT READMISSIONS			TEMPORARY CARE ADMISSIONS			OBSERVATION ADMISSIONS		
	NUMBER			PERCENT			NUMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	.8	—	.4	7	1	8
Senile	4	12	16	1.1	3.2	2.1	6	9	15
With cerebral arteriosclerosis	19	21	40	5.2	5.5	5.4	42	54	96
General paralysis	23	3	26	6.3	.8	3.5	56	12	68
With cerebral syphilis	5	—	5	1.4	—	.7	7	1	8
With Huntington's chorea	—	1	1	—	.3	.1	—	1	1
With brain tumor	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	3	10	13	.8	2.6	1.7	37	32	69
Alcoholic	38	7	45	10.4	1.8	6.0	159	32	191
Due to drugs and other exogenous toxins	2	3	5	.5	.8	.7	23	12	35
With pella	—	—	—	—	—	—	3	—	3
With other somatic diseases	2	4	6	.5	1.1	.8	25	39	64
Manic depressive	97	140	237	26.5	36.8	31.7	140	193	333
Involution melancholia	6	8	14	1.6	2.1	1.9	5	11	16
Dementia praecox	126	119	245	34.3	31.3	32.8	113	95	208
Paranoia or paranoid conditions	12	12	24	3.3	3.2	3.2	23	44	67
Epileptic psychoses	3	4	7	.8	1.1	.9	23	8	31
Psychoneuroses and neuroses	—	9	9	—	2.4	1.2	28	39	67
With psychopathic personality	—	4	5	—	1.3	1.2	8	17	25
With mental deficiency	16	16	32	4.4	4.1	4.3	10	21	31
Undiagnosed psychoses	2	—	2	.5	—	.3	67	68	135
Without psychoses	2	6	8	.5	1.6	1.1	244	144	388
Diagnosis deferred	—	—	—	—	—	—	17	11	28
Total	367	380	747	100.0	100.0	100.0	1,044	844	1,888
							1,044	844	1,888
							521	224	745
							100.0	100.0	100.0
							100.0	100.0	100.0
							55.1	21.7	54.1
							2.9	2.7	2.8
							2.1	4.1	2.7
							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
							26	11	37
							8	6	14
							5	14	19
							3	5	8
							8	14	22
							9	4	13
							11	9	20
							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
							100.0	100.0	100.0
							521	224	745
							100.0	100.0	100.0
							100.0	100.0	100.0
							55.1	21.7	54.1
							2.9	2.7	2.8
							2.1	4.1	2.7
							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
							26	11	37
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							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
							100.0	100.0	100.0
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							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
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							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
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							55.1	21.7	54.1
							2.9	2.7	2.8
							2.1	4.1	2.7
							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
							26	11	37
							8	6	14
							5	14	19
							3	5	8
							8	14	22
							9	4	13
							11	9	20
							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
							100.0	100.0	100.0
							521	224	745
							100.0	100.0	100.0
							100.0	100.0	100.0
							55.1	21.7	54.1
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							2.1	4.1	2.7
							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
							26	11	37
							8	6	14
							5	14	19
							3	5	8
							8	14	22
							9	4	13
							11	9	20
							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
							100.0	100.0	100.0
							521	224	745
							100.0	100.0	100.0
							100.0	100.0	100.0
							55.1	21.7	54.1
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							2.1	4.1	2.7
							1.7	1.8	1.7
							1.5	6.3	3.0
							1.7	1.7	1.9
							1.5	4.7	5.0
							5.0	4.3	4.4
							2.6	1.3	2.4
							4.6	8.0	5.7
							1.9	4.0	2.6
							10	9	19
							24	18	42
							3	3	6
							26	11	37
							8	6	14
							5	14	19
							3	5	8
							8	14	22
							9	4	13
							11	9	20
							15	6	21
							287	116	403
							1	—	1
							100.0	100.0	100.0
							100.0	100.0	100.0
							521	224	745

It is interesting to observe the tendency for certain of the psychoses to present relatively larger proportions in first admissions as compared with readmissions. We notice this particularly in the psychoses with cerebral arteriosclerosis, and general paralysis. Psychoses which present relatively larger proportions among the readmissions are the manic-depressive psychoses and dementia praecox.

The tendency with regard to the frequency of certain psychoses in the various form of admission groups remains the same for cases admitted during 1932 as in previous years. That is, we find practically the same predominance of certain psychoses admitted as first court admissions, court readmissions, temporary care admissions and observation admissions.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917-1932

Tables 42A to 42H inclusive show the percentage of first admissions for certain psychoses over the period of years 1917-1932 inclusive. Only those psychoses which were most important numerically are represented. These figures begin in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses

Table 42A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1932. The highest percentages occur in the years 1920 and 1921. We observe a slight tendency for the last five or six years to run a trifle lower than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the sixteen-year period 9.0 per cent of all first court admissions were cases with senile psychoses. It will be observed that the percentage of females is almost twice that of the males for this psychosis.

TABLE 42A. — *Number and Percentage with Senile Psychoses, First Admissions, 1917-1932.*¹

YEAR	SENILE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
1931	83	180	263	5.1	11.8	8.4
1932	83	131	214	5.1	8.9	6.9
Total	1,714	2,885	4,599	6.4	11.9	9.0

¹Tables 42A-42H include all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals, Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis

Table 42B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1932. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 19.4 per cent in 1931 and 19.3 per cent in 1932. Insofar as the proportion of cases given this clinical diagnosis has almost tripled in the sixteen-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

TABLE 42B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1932.*

YEAR	CEREBRAL ARTERIOSCLEROSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
1931	334	275	609	20.7	18.0	19.4
1932	340	258	598	20.9	17.5	19.3
Total	3,507	2,705	6,212	13.1	11.1	12.2

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are consistent throughout the entire period 1917-1932.

During the sixteen-year period 12.2 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. The males again average two per cent higher than the females.

General Paralysis

Table 42C gives the percentages of first admissions diagnosed with general paralysis for the years 1917-1932. The highest proportion with general paralysis is noted in the year 1924, 8.8 per cent. The lowest proportions are observed in 1928 and 1931, 6.4 per cent each. During 1932 there was a slight rise in this psychosis to 6.6 per cent of first admissions. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

TABLE 42C. — *Number and Percentage with General Paralysis, First Court Admissions, 1917-1932.*

YEAR	GENERAL PARALYSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
1931	161	42	203	9.9	2.7	6.4
1932	158	48	206	9.7	3.2	6.6
Total	3,060	763	3,823	11.4	3.1	7.5

There is a marked sex difference in this psychosis, general paralysis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined. During the sixteen-year period general paralysis comprised 7.5 per cent of first court admissions.

Alcoholic Psychoses

Table 42D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1932. The year 1917 reveals the greatest

proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1932 there has been considerable fluctuation, the proportion of alcoholic psychoses in the latter year being 6.5 per cent.

TABLE 42D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1932.*

YEAR	ALCOHOLIC PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
1931	173	25	198	10.7	1.7	6.3
1932	168	35	203	10.3	2.3	6.5
Total	3,092	573	3,665	11.5	2.4	7.2

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having an alcoholic psychosis. In 1931 this decreased to 1.7 per cent although 1932 showed an increase to 2.3 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In 1932 this had decreased to 10.3 per cent. The alcoholic psychoses comprised 7.2 per cent of first court admissions during the sixteen years under consideration.

Dementia Praecox

Table 42E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1932. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 3 per cent higher than the males.

TABLE 42E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1932.*

YEAR	DEMENTIA PRAECOX			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
1931	359	358	717	22.2	23.4	22.8
1932	330	348	678	20.3	23.5	21.8
Total	5,953	6,011	11,964	22.2	24.7	23.4

It is interesting to observe that over the period 1917-1932 dementia praecox patients have comprised almost one-fourth of our total first court admissions to state hospitals, by far the largest percentage of any of the important psychoses under consideration.

Manic-Depressive Psychoses

Table 42F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1932. The lowest proportion of first admissions diagnosed as manic-depressive psychoses occurred in the year 1919, 8.1 per cent. The highest proportion is noted during the present year, 13.4 per cent. There appears to be a rather consistent increase in the proportion of cases with this diagnosis. The sexes show a marked difference in the preponderance of cases among the females. We might say that approximately twice as many females as males are diagnosed as manic-depressive. It will be observed that during the years 1931 and 1932, there was a perceptible increase in the percentage of males having manic-depressive psychoses. Cases with this diagnosis comprised 10.8 per cent of all first admissions over the sixteen-year period.

TABLE 42F. — *Number and Percentage with Manic-Depressive Psychoses, First Court Admissions, 1917-1932.*

YEAR	MANIC-DEPRESSIVE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
1931	168	217	385	10.4	14.2	12.2
1932	190	220	415	11.7	14.9	13.4
Total	2,196	3,333	5,529	8.2	13.7	10.8

TABLE 42G. — *Number and Percentage of Psychoses with Other Somatic Diseases, First Court Admissions, 1917-1932*

YEAR	PSYCHOSES WITH OTHER SOMATIC DISEASES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2
1929	44	68	112	2.8	4.6	3.7
1930	44	69	113	2.6	4.5	3.5
1931	36	79	115	2.2	5.2	3.7
1932	38	67	105	2.3	4.5	3.4
Total	598	1,072	1,670	2.2	4.4	3.3

Psychoses with Other Somatic Diseases

Table 42G gives the percentages of first admissions diagnosed as psychoses with other somatic diseases for the years 1917-1932. The lowest proportion of cases with this psychosis occurred in 1917, 2.1 per cent, and the highest proportion in 1927, 4.2 per cent. The numbers of cases involved in this diagnosis are so small that they render further discussion inadvisable. It will be observed that this psychosis tends to occur in females in higher proportions than in males, the ratio being 2:1.

Psychoses Due to Drugs

Table 42H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1932. The numbers of cases coming under this heading have been very small throughout the entire period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

TABLE 42H. — *Number and Percentage with Drug Psychoses, First Court Admissions, 1917-1932.*

YEAR	PSYCHOSES DUE TO DRUGS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
1931	8	10	18	0.5	0.7	0.6
1932	6	12	18	0.4	0.8	0.6
Total	93	97	190	0.3	0.4	0.4

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS

The percentage of psychoses in the various economic groups is shown in Table 43 for both first regular court and all temporary admissions. The largest proportion of admissions to State hospitals come from the "marginal" economic class, with the "dependent" and "comfortable" following next in order. It will be of interest to compare the psychoses and forms of admission with the various grades of economic status.

In first regular admissions we find that the psychoses with Huntington's chorea, 66.7 per cent, the psychoses with mental deficiency, 45.0 per cent, and epileptic psychoses, 40.0 per cent, comprised the larger percentages of the "dependent" economic class. In all temporary admissions the predominant psychoses in the "dependent" group are: senile psychoses, 25.0 per cent; cerebral arteriosclerosis, 16.2 per cent; and psychopathic personality, 15.8 per cent. It will be observed that the temporary cases as a whole, show a much smaller proportion in the "dependent" classes than do the first regular admission cases.

With regard to first regular admissions of "marginal" economic status, we find that over half of the individual psychoses have a greater incidence in the "marginal" class than is found in the total for this economic status, 72.5 per cent. In all temporary admissions there is a still greater incidence of psychoses above the average of all cases of "marginal" status, 89.0 per cent. There are more patients of a "marginal" economic status admitted on temporary forms than on regular court commitment.

The first regular admissions show a much higher percentage of patients recorded from the "comfortable" economic group than do the temporary admissions.

TABLE 43. — *Economic Status of First Court and Temporary Care Admissions, 1932, by Psychoses; Percentage Distribution.*

PSYCHOSES	FIRST COURT ADMISSIONS				ALL TEMPORARY ADMISSIONS ¹			
	De- pendent	Mar- ginal	Com- fortable	Un- known	De- pendent	Mar- ginal	Com- fortable	Un- known
Traumatic	—	94.7	5.3	—	10.0	90.0	—	—
Senile	37.4	53.7	6.5	2.4	25.0	60.0	5.0	10.0
With cerebral arteriosclerosis	22.1	70.4	5.5	2.0	16.2	72.6	6.0	5.2
General paralysis	14.1	81.6	3.4	.9	2.5	93.8	2.5	1.2
With cerebral syphilis	10.7	82.1	3.6	3.6	—	100.0	—	—
With Huntington's chorea	66.7	33.3	—	—	—	100.0	—	—
With brain tumor	16.7	66.6	—	16.7	—	100.0	—	—
With other brain or nervous diseases	27.4	66.1	4.8	1.7	2.4	95.2	1.2	1.2
Alcoholic	13.8	80.8	3.0	2.4	7.5	90.2	1.5	.8
Due to drugs and other exogenous toxins	11.1	77.8	11.1	—	2.4	90.5	4.7	2.4
With pellagra	—	66.7	33.3	—	—	66.7	33.3	—
With other somatic diseases	12.4	74.3	11.4	1.9	3.6	95.2	—	1.2
Manic-depressive	10.1	79.5	10.1	.3	3.7	93.3	2.7	.3
Involution melancholia	8.2	77.3	13.4	1.1	5.3	84.2	10.5	—
Dementia praecox	19.5	73.9	5.9	.7	4.1	94.3	1.6	—
Paranoia or paranoid conditions	14.0	80.2	3.5	2.3	4.9	93.8	1.3	—
Epileptic psychoses	40.0	57.5	2.5	—	8.9	91.1	—	—
Psychoneuroses and neuroses	17.5	80.7	1.8	—	6.7	93.3	—	—
With psychopathic personality	15.4	73.1	11.5	—	15.8	84.2	—	—
With mental deficiency	45.0	50.7	3.6	.7	5.9	92.2	1.9	—
Undiagnosed psychoses	6.4	78.7	4.3	10.6	2.6	95.5	.6	1.3
Without psychoses	28.0	54.0	12.0	6.0	13.5	83.7	1.4	1.4
Diagnosis deferred	—	100.0	—	—	3.4	96.6	—	—
Total	19.7	72.5	6.3	1.5	8.1	89.0	1.8	1.1

¹Includes admissions for temporary care and observation.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS

Table 44 shows the percentage of psychoses in education groups for first regular court and temporary care admissions for 1932. In the first regular admissions the following psychoses show a preponderance of illiterates and those who read and write: psychoses with mental deficiency, pellagra, cases without psychoses, alcoholic psychoses, psychoses with other brain or nervous diseases, senile psychoses and general paralysis. Cases having psychoses due to drugs and the manic-depressive psychoses show a preponderance of cases having had a common school, high school or college education. Among the first regular admissions, a high school or college education is predominating in the following psychoses: psychoses with psychopathic personality, psychoses due to drugs, the manic-depressive psychoses, and dementia praecox.

In all temporary admissions, the predominance of illiterate and those who read and write only is found in the traumatic psychoses, psychoses with mental deficiency, cerebral syphilis, and paranoia or paranoid conditions.

Cases with a common school or high school education predominate in the psychoses with Huntington's chorea, and brain tumor, although the number admitted in these two groups was very small. Next in order come dementia praecox, psychopathic personality, and the epileptic psychoses. The psychoses showing a preponderance of cases with a college education are: psychoses due to drugs, cerebral syphilis, the traumatic psychoses, senile psychoses, and manic-depressive psychoses.

TABLE 44. — *Degree of Education of First Court and Temporary Care Admissions, 1932, by Psychoses; Percentage Distribution.*

PSYCHOSES	FIRST COURT ADMISSIONS					ALL TEMPORARY ADMISSIONS ¹						
	*Illiterate	Reads and Writes	Common School	High School	College	Unknown	Illiterate	Reads and Writes	Common School	High School	College	Unknown
Traumatic.	10.5	5.3	84.2	—	—	—	20.0	20.0	40.0	10.0	10.0	—
Senile	10.7	9.4	58.9	8.4	2.8	9.8	—	15.0	55.0	—	10.0	20.0
With cerebral arteriosclerosis	8.0	9.2	58.9	9.2	4.5	10.2	5.1	6.0	69.2	6.8	4.3	8.6
General paralysis	8.3	10.7	57.3	15.0	2.9	5.8	3.7	7.5	70.0	13.8	1.3	3.7
With cerebral syphilis	3.6	3.6	64.3	7.1	10.7	10.7	22.2	—	66.7	—	11.1	—
With Huntington's chorea	—	—	66.7	—	—	33.3	—	—	100.0	—	—	—
With brain tumor	—	—	50.0	16.7	—	33.3	—	—	—	—	—	—
With other brain or nervous diseases	11.3	11.3	54.8	14.5	1.6	6.5	8.5	6.1	63.4	17.2	2.4	2.4
Alcoholic	14.3	13.3	62.6	5.9	5.5	3.4	6.1	7.3	69.1	15.1	1.1	2.3
Due to drugs and other exogenous toxins	—	—	61.1	33.3	5.6	—	—	2.4	50.0	23.8	19.0	4.8
With pellagra	—	33.3	33.3	33.3	—	—	—	—	66.7	—	—	33.3
With other somatic diseases	4.8	8.6	60.0	15.2	4.8	6.6	4.8	4.8	67.5	15.7	4.8	2.4
Manic-depressive	2.4	3.9	59.0	27.5	6.0	1.2	2.7	6.4	52.3	29.1	9.0	.5
Involution melancholia	7.2	2.1	68.0	16.5	2.1	4.1	—	10.5	68.4	15.8	5.3	—
Dementia praecox	4.3	6.0	54.0	27.1	5.2	3.4	1.2	2.9	53.9	35.9	5.3	.8
Paranoia or paranoid conditions	10.5	4.7	66.3	9.3	6.9	2.3	6.2	13.6	63.0	12.3	4.9	—
Epileptic psychoses	—	5.0	72.5	17.5	2.5	2.5	6.7	2.2	71.1	17.8	—	2.2
Psychoneuroses and neuroses	1.2	—	64.9	26.3	3.4	1.2	3.4	2.2	53.9	32.6	7.9	—
With psychopathic personality	—	—	50.0	38.6	3.8	3.8	2.6	5.4	52.6	36.8	2.6	—
With mental deficiency	27.9	15.7	48.6	1.4	—	6.4	11.8	11.8	64.7	9.8	—	1.9
Undiagnosed psychoses	4.3	2.1	65.9	12.8	2.1	12.8	4.5	7.1	56.4	17.9	7.7	6.4
Without psychoses	26.0	6.0	54.0	10.0	—	4.0	8.5	6.2	60.1	19.2	3.9	2.1
Diagnosis deferred	—	—	50.0	50.0	—	—	—	3.4	41.5	51.7	3.4	—
Total	7.8	7.6	58.4	16.7	4.0	5.5	5.5	6.2	59.7	21.3	4.9	2.4

¹Includes admissions for temporary care and observation.

ADMISSION AGES OF FIRST COURT ADMISSIONS BY PSYCHOSES

As we have seen from previous tables, the number of first regular court admissions for 1932 was 3,103; 1,625 males and 1,478 females. The average age at admission was 48.6 years: 49.0 years for males, and 48.1 years for females.

Table 45 gives the percentage distribution of admission ages for the various psychoses. We see that the modal age group for both sexes with traumatic psychoses was 45-49 years; and for senile psychoses, 80 years and over. For psychoses with cerebral arteriosclerosis, the modal age falls within the 70-74 year age group; for general paralysis, 35-39 years; and for psychoses with cerebral syphilis, 50-54 years. For the alcoholic psychoses, the modal age was 40-44 years; for psychoses due to drugs and other exogenous toxins, 30-34 years, and 40-44 years; for psychoses with other somatic diseases, 55-59 years; for manic-depressive psychoses, 40-44 years; for involution melancholia, 50-54 years; for dementia praecox, 20-24 years; for paranoia or paranoid conditions, 40-44 years; for epileptic psychoses, 20-24 years and 30-34 years; for psychoneuroses and neuroses, 35-39 years; for psychoses with psychopathic personality, 25-29 years; and for psychoses with mental deficiency, 20-24 years.

In considering all clinical groups, we see that the modal admission age falls in the group 35-39 years, this group accounting for 9.3 per cent of all admissions. While 48.0 per cent of the patients admitted come to the mental hospitals between the ages of 20 and 49 years, the age distribution shows a fairly even spread up to the 75-79 year group. It will be seen that 4.5 per cent of cases admitted were over 80 years of age. Judging from this table, one might say that the first admission ages are spread out quite uniformly from the age of 20 to 79 years.

ADMISSION AGES OF ALL TEMPORARY ADMISSIONS, BY PSYCHOSES

The total number of all temporary admissions for 1932 was 2,633; 1,565 males and 1,068 females. The average age for both sexes was 38.9 years; 39.6 years for males and 38.0 years for females. The percentage distributions of age groups of all temporary admissions for the various psychoses are outlined in Table 46.

The modal age group for both sexes for senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 70 years and over; for general paralysis, 35-39 years. The modal age for psychoses with cerebral syphilis was 55-59 years; for alcoholic psychoses, 35-39 years; for psychoses due to drugs, 35-39 years; for psychoses with other somatic diseases, 25-29 years. The modal age for manic-depressive psychoses was 30-34 years; for involution melancholia, 50-54 years; for dementia praecox, 20-24 years; for paranoia or paranoid conditions, 40-44 years; for epileptic psychoses, 20-24 years; for psychoneuroses and neuroses, 20-24 years; for psychoses with psychopathic personality, 15-19 years and 30-34 years; for psychoses with mental deficiency, 20-24 years; for undiagnosed psychoses, 40-44 years; and for cases without psychoses, 15-19 years.

In considering the totals for all clinical groups, we observe that the mode falls in the age group 35-39 years. However, in considering the admission ages of these temporary care cases, we observe that 55.9 per cent are admitted under the age of 40 years. We also note that the tendency for a fairly even spread of admission ages up to 70 years is not observed in this type of case as it was in the first admissions. Judging from the age at admission, we may say that the type of case admitted under temporary care will probably come into the hospital under the age of 40 years.

ADMISSION AGES OF ALL COURT READMISSIONS, BY PSYCHOSES

The total number of regular court readmissions for 1932 was 747; males 367, and females 380. The average age for both sexes was 44.5 years; for males 44.2 years, and for females 44.9 years. Table 47 gives the percentage distribution of ages of court readmissions for the various psychoses.

The modal age group for both sexes with senile psychoses and cerebral arteriosclerosis was 70 years or higher; for general paralysis, 30-34 years. For psychoses with other brain or nervous diseases, the modal age was 30-34 years; for alcoholic psychoses, 50-54 years; for psychoses with other somatic diseases, 55-59 years; for manic-depressive psychoses, 35-39 years; for dementia praecox, 40-44 years; for epileptic psychoses, 30-34 years; for psychoses with psychopathic personality, 25-29 years; for psychoses with mental deficiency, 40-44 years; for undiagnosed psychoses, 35-39 years; and for cases without psychoses, 30-34 years.

TABLE 45. — Admission Ages of First Court Admissions, 1932, by Psychoses; Percentage Distribution.

PSYCHOSES	TOTAL			UNDER 15 YEARS			15-19 YEARS			24-29 YEARS			25-29 YEARS			30-34 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	6.3	—	5.3	—	—	—	6.3	—	5.3	6.3	—	5.3
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	—	4.2	1.0	.6	—	—	.6	—	.5	3.2	14.3	2.4	8.2	6.2	7.8
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	9.5	10.7	3.6	4.8	—	—
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	33.3	—	—	—	—
With brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	40.0	—	33.3
With other brain or nervous diseases	100.0	100.0	100.0	3.6	5.9	4.8	17.8	8.8	12.9	7.1	8.8	8.1	7.1	5.9	6.5	3.6	—	1.6
Alcoholic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	4.8	11.4	5.9	8.9	5.7	8.4
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	16.7	11.1	50.0	8.3	22.2
With pellagra	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	2.6	4.5	3.9	—	—	—	10.5	6.0	7.6
Manic-depressive	100.0	100.0	100.0	—	—	—	5.1	7.7	6.5	9.2	10.9	10.2	2.6	9.1	6.0	8.8	15.0	12.0
Involution melancholia	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	100.0	100.0	100.0	.6	.3	.4	8.5	8.9	8.7	23.9	11.8	17.7	15.8	14.7	15.2	15.5	13.2	14.3
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	5.7	2.0	3.5	11.4	3.9	7.0
Epileptic psychoses	100.0	100.0	100.0	—	12.0	7.5	—	8.0	5.0	26.7	12.0	17.5	13.3	12.0	12.5	6.7	24.0	17.5
Psychoneuroses and neuroses	100.0	100.0	100.0	—	5.1	3.5	—	10.3	7.0	5.6	12.8	10.5	11.1	5.1	7.0	27.8	12.8	17.5
With psychopathic personality	100.0	100.0	100.0	8.3	7.1	7.7	25.0	7.1	15.4	16.8	7.1	11.5	8.3	35.7	23.2	25.0	14.4	19.2
With mental deficiency	100.0	100.0	100.0	6.9	3.0	5.0	12.3	11.9	12.2	17.8	19.4	18.5	10.9	13.4	12.2	13.7	7.5	10.7
Undiagnosed psychoses	100.0	100.0	100.0	—	—	—	—	5.3	2.1	3.6	10.5	6.4	14.3	—	—	3.6	—	2.1
Without psychoses	100.0	100.0	100.0	13.1	7.4	10.0	13.1	14.9	14.0	8.7	11.1	10.0	17.4	11.1	14.0	13.1	7.4	10.0
Diagnosis deferred	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	50.0	50.0	—	—	—
Total	100.0	100.0	100.0	.7	1.0	.9	3.7	4.9	4.3	7.6	6.7	7.2	6.0	7.5	6.7	8.4	7.5	7.9

TABLE 45. — Admission Ages of First Court Admissions, 1932, by Psychoses; *Percentage Distribution.* — Continued.

PSYCHOSES	35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6.3	-	5.3	12.5	-	10.5	25.0	-	21.0	6.2	33.3	10.5	18.7	-	15.7
Senile	-	-	-	-	-	-	-	-	-	-	-	-	2.4	-	1.4
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	7.4	12.0	9.3
General paralysis	20.9	25.0	21.8	15.2	16.7	15.5	10.8	12.5	11.2	18.4	20.8	48.9	10.8	6.2	9.7
With cerebral syphilis	14.3	-	10.7	14.3	14.3	14.3	4.8	-	3.6	23.8	14.3	21.4	9.5	28.5	14.3
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	33.3	33.3	-	33.4	33.4
With brain tumor	-	-	-	-	-	-	-	-	-	40.0	-	33.3	-	-	-
With other brain or nervous diseases	3.6	8.8	6.5	3.6	2.9	3.2	21.4	14.8	17.7	25.0	5.9	14.5	3.6	11.8	8.1
Alcoholic	14.9	11.4	14.3	22.6	20.0	22.2	10.7	8.6	10.3	14.3	17.1	14.8	9.5	14.3	10.3
Due to drugs and other exogenous toxins	16.7	8.3	11.1	16.7	25.1	22.2	-	16.7	11.1	-	8.3	5.5	-	-	-
With pellagra	-	50.0	33.3	-	-	-	-	-	-	-	-	-	100.0	-	33.3
With other somatic diseases	2.6	7.5	5.7	10.5	8.9	9.5	10.5	13.4	12.4	13.2	16.4	15.2	18.5	19.4	19.0
Manic-depressive	9.7	8.2	8.9	10.8	15.0	13.0	12.3	10.5	11.3	11.8	8.2	9.9	16.4	7.7	11.8
Involution melancholia	3.1	6.2	5.2	6.2	12.3	10.3	12.5	16.9	15.5	18.8	36.9	30.9	31.3	20.0	23.7
Dementia praecox	13.0	15.5	14.3	7.6	12.4	10.0	7.9	10.3	9.1	4.5	6.3	5.5	2.1	4.3	3.7
Paranoia or paranoid conditions	11.4	15.6	13.9	20.1	21.6	20.9	8.6	19.6	15.2	14.3	23.5	19.8	5.7	9.8	8.1
Epileptic psychoses	20.0	4.0	10.0	6.7	8.0	7.5	13.3	4.0	7.5	6.7	16.0	12.5	-	-	-
Psychoneuroses and neuroses	16.6	20.6	19.3	-	7.7	5.3	11.1	7.7	8.8	11.1	5.1	7.0	11.1	5.1	7.0
With psychopathic personality	8.3	7.1	7.7	8.3	-	3.8	-	-	-	-	-	-	-	7.1	3.8
With mental deficiency	9.6	14.9	12.2	6.9	17.9	12.2	6.9	4.5	5.7	9.6	4.5	7.1	2.7	1.5	2.1
Undiagnosed psychoses	10.7	15.8	12.8	10.7	10.5	10.6	10.7	5.3	8.5	-	-	-	17.8	21.0	19.2
Without psychoses	13.1	7.4	10.0	4.3	11.1	8.0	4.3	11.1	8.0	4.3	-	-	4.3	3.7	4.0
Diagnosis deferred	-	-	-	-	50.0	50.0	-	-	-	-	-	-	-	-	-
Total	9.4	9.1	9.3	8.6	9.7	9.1	7.4	8.2	7.8	8.7	9.1	8.9	8.4	8.1	8.2

TABLE 45. — Admission Ages of First Court Admissions, 1932, by Psychoses; Percentage Distribution. — Concluded.

PSYCHOSES	60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80 YEARS AND OVER		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6.2	7.6	5.3	16.9	33.3	5.3	6.2	33.4	10.5	26.5	22.1	23.8	21.7	35.1	29.9
Senile	7.2	17.8	18.4	19.4	15.3	15.9	25.3	18.3	21.0	19.1	12.8	16.4	12.1	11.2	11.7
With cerebral arteriosclerosis	6.3	4.2	5.8	3.8	2.1	3.4	1.2	—	1.0	—	—	—	—	—	—
General paralysis	19.0	14.3	17.8	—	14.3	3.6	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	8.8	4.8	3.6	8.8	6.5	—	100.0	16.7	20.0	—	16.7	—	—	—
With other brain or nervous diseases	7.7	2.9	6.9	3.6	2.9	3.4	—	5.9	3.2	1.2	5.7	2.0	—	2.9	1.6
Alcoholic	—	—	—	10.6	—	5.6	1.8	—	1.5	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	10.5	4.5	6.7	18.5	50.0	33.4	—	—	—	2.6	—	1.0	—	—	—
With other somatic diseases	6.7	4.1	5.3	5.6	7.5	11.4	—	2.9	1.9	—	—	—	—	—	—
Manic-depressive	18.8	6.2	10.3	6.2	1.4	3.4	5.5	1.8	1.2	5.4	—	—	—	—	—
Involution melancholia	—	1.4	5.8	6.2	1.5	3.1	3.1	—	1.0	—	—	—	—	—	—
Dementia praecox	11.4	2.0	5.8	5.7	6.9	8.8	5.7	—	2.3	—	—	—	—	—	—
Paranoia or paranoid conditions	—	1.4	5.8	5.7	2.0	3.5	5.7	—	2.3	—	—	—	—	—	—
Epileptic psychoses	—	7.7	5.3	5.6	—	1.8	6.7	—	2.5	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	1.5	2.1	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2.7	15.8	12.8	3.6	—	2.1	3.6	5.3	4.3	3.6	—	2.1	7.1	10.5	8.5
Undiagnosed psychoses	—	3.7	2.0	4.3	7.4	6.0	—	3.7	2.0	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	8.0	6.3	7.2	7.4	6.2	6.8	6.2	6.0	6.1	5.7	4.4	5.1	3.8	5.3	4.5

TABLE 46. — *Admissions Ages of All Temporary Admissions, 1932, by Psychoses; Percentage Distribution.*

PSYCHOSES	TOTAL			UNDER 15 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	11.1	—	10.0	11.1	100.0	20.0
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	1.5	—	1.3	—	—	—	—	—	—	1.5	16.6	3.8	5.9	—	5.0	22.1	25.0	22.5
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	100.0	100.0	—	—	—
With other brain or nervous diseases	100.0	100.0	100.0	4.3	2.8	3.7	8.7	5.6	7.3	2.3	8.3	4.9	4.3	5.6	4.9	13.1	8.3	10.9	6.5	8.3	7.3
Alcoholic	100.0	100.0	100.0	—	—	—	—	2.4	—	1.3	—	1.1	7.2	9.8	7.5	9.8	19.5	11.3	24.5	14.6	23.1
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	3.6	—	2.4	3.6	—	2.4	21.4	14.3	19.0	28.5	21.4	26.2
With pellagra	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	5.7	12.5	9.6	2.9	25.0	15.7	5.7	6.3	6.1	11.4	8.3	9.6
Mani-depressive	100.0	100.0	100.0	—	—	—	4.3	8.1	6.4	11.0	12.3	11.7	11.6	9.5	10.4	12.8	17.1	15.2	15.2	14.7	14.9
Involution melancholia	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	100.0	100.0	100.0	—	—	—	11.5	9.5	10.6	23.0	11.3	17.9	21.6	11.3	17.1	18.0	17.0	17.6	12.2	13.2	12.7
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	—	—	3.2	—	1.2	—	6.0	3.7	3.2	8.0	6.2	22.6	24.0	23.5
Epileptic psychoses	100.0	100.0	100.0	—	—	—	12.5	15.4	13.3	37.5	7.7	28.9	6.3	7.7	6.8	9.4	23.1	13.3	12.5	15.3	13.3
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	8.3	18.9	14.6	19.4	17.0	18.0	19.4	13.2	15.7	11.1	11.3	11.2	16.7	9.4	12.4
With psychopathic personality	100.0	100.0	100.0	—	—	—	17.6	23.8	21.1	5.9	4.8	5.3	23.6	4.8	13.2	17.6	23.8	21.1	5.9	9.5	7.8
With mental deficiency	100.0	100.0	100.0	9.5	3.3	5.9	23.8	3.3	11.8	14.3	36.7	27.5	19.1	13.3	15.7	4.8	16.7	11.8	9.5	16.7	13.7
Undiagnosed psychoses	100.0	100.0	100.0	1.3	1.4	1.3	4.9	5.4	5.1	9.8	4.0	7.1	8.5	10.8	9.6	8.5	9.5	9.0	15.9	13.5	14.7
Without psychoses	100.0	100.0	100.0	5.6	6.5	5.9	12.9	28.8	18.1	10.0	15.0	11.6	10.6	8.8	10.0	10.9	6.2	9.4	12.2	13.1	12.5
Diagnosis deferred	100.0	100.0	100.0	5.6	—	3.4	27.7	—	17.3	27.7	9.1	20.7	11.1	36.4	20.7	16.7	18.1	17.3	5.6	9.1	6.9
Total	100.0	100.0	100.0	2.4	2.3	2.4	7.6	11.9	9.3	9.4	10.5	9.8	9.7	9.6	9.7	10.7	11.1	10.9	14.5	12.7	13.8

TABLE 46. — *Admission Ages of All Temporary Admissions, 1932, by Psychoses; Percentage Distribution. — Concluded.*

PSYCHOSES	40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	44.5	—	40.0	—	—	—	11.1	—	10.0	11.1	—	10.0	—	—	—	11.1	—	10.0
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	3.3	1.7	—	—	—	—	10.0	5.0	—	10.0	5.0	—	10.0	5.0	—	—	—	90.0	30.0	60.0
General paralysis	22.1	16.7	21.2	—	—	—	—	1.8	11.6	6.8	8.7	21.7	15.4	22.8	16.7	19.7	26.3	10.0	40.4	36.7	38.5
With cerebral syphilis	12.5	—	11.1	25.0	20.0	—	10.2	19.1	25.0	20.0	10.2	—	8.7	5.9	—	5.0	1.5	—	—	—	—
With Huntington's chorea	—	—	—	25.0	—	22.2	25.0	25.0	100.0	33.4	25.0	100.0	33.4	12.5	—	11.1	—	—	—	—	—
With brain tumor	—	100.0	50.0	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	4.3	8.3	6.1	21.7	8.3	15.9	15.2	19.4	17.1	4.3	25.1	13.4	8.7	—	4.9	4.3	2.2	—	2.3	—	1.2
Alcoholic	20.1	17.1	19.6	15.2	12.2	14.7	8.5	17.1	9.8	6.7	7.3	6.8	4.1	—	3.4	2.2	—	1.9	.4	—	.4
Due to drugs and other exogenous toxins	14.3	14.3	14.3	14.3	21.4	16.6	7.1	14.3	9.5	3.6	—	2.4	—	—	—	—	—	—	3.6	7.2	4.8
With pellagra	14.3	—	—	—	—	—	33.3	—	33.3	33.3	—	33.4	33.4	—	—	—	—	—	—	—	—
With other somatic diseases	11.0	11.8	11.5	11.0	8.3	9.6	14.3	12.5	13.3	14.3	14.6	14.5	14.3	8.3	10.8	2.1	—	1.2	5.7	—	2.4
Manic-depressive	20.0	7.2	10.5	20.0	21.4	21.0	6.7	50.0	36.9	20.0	21.4	21.0	20.0	2.4	2.8	2.7	.6	—	—	.5	—
Involution melancholia	6.5	14.2	9.8	2.2	8.5	4.9	7	11.3	5.3	2.9	2.8	2.9	1.4	—	—	—	20.0	5.3	—	—	—
Dementia praecox	32.2	22.0	25.9	6.5	14.0	11.1	19.4	12.0	14.8	3.2	10.0	7.5	6.5	4.0	4.9	3.2	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	3.1	—	2.2	15.6	23.1	17.8	3.1	—	2.2	2.2	—	—	—	—	1.2	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	5.6	9.4	7.9	5.6	11.3	9.0	8.3	1.9	4.5	2.8	1.9	2.2	2.8	—	1.1	—	—	—	—	—	—
With psychopathic personality	—	—	—	17.6	14.2	15.7	5.9	3.3	2.6	5.9	4.8	5.3	—	—	—	—	—	—	—	—	—
With mental deficiency	9.5	6.7	7.8	9.5	—	3.9	—	3.3	1.9	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	19.5	23.0	21.2	12.2	14.9	13.4	8.5	5.4	7.1	2.4	5.4	3.8	2.4	2.7	2.6	2.4	4.0	3.2	3.7	—	1.9
Without psychoses	10.4	5.8	8.8	7.3	4.3	6.4	7.3	3.1	5.9	6.4	2.7	5.2	2.4	2.3	2.4	2.3	1.5	2.0	1.7	1.9	1.8
Diagnosis deferred	5.6	9.1	6.9	—	—	—	—	9.1	3.4	—	—	—	—	9.1	3.4	—	—	—	—	—	—
Total	11.9	10.6	11.4	9.3	7.3	8.5	7.9	9.3	8.4	6.8	6.7	6.7	4.0	3.0	3.6	2.6	2.0	2.4	3.2	3.0	3.1

TABLE 47. — Admission Ages for All Readmissions by Court Commitment, 1932, by Psychoses; Percentage Distribution.

PSYCHOSES	TOTAL			UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	33.3	—	—	—
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	—	—	—	—	—	—	—	33.4	3.9	26.1	33.3	19.2
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	—	20.0	—	20.0	—	20.0	20.0
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	100.0	100.0	100.0	—	—	10.0	7.7	—	10.0	2.6	—	—	66.6	30.0	38.5
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	2.6	14.3	4.4
With pellagra	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	25.0	16.7
Manic-depressive	100.0	100.0	100.0	—	—	1.0	4	4.1	5.0	6.2	6.4	6.3	8.2	15.7	12.7
Involuntory melancholia	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	100.0	100.0	100.0	—	—	1.6	.81	13.5	9.2	18.3	8.4	13.4	11.1	19.3	15.1
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	8.3	4.2
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	—	—	—	—	25.0	14.3	66.7	25.0	42.8
With psychopathic personality	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	100.0	100.0	100.0	—	—	—	—	25.0	20.0	25.0	40.0	33.4	50.0	—	22.2
Undiagnosed psychoses	100.0	100.0	100.0	—	—	—	—	31.2	15.6	12.5	18.8	15.6	12.5	18.7	15.6
Without psychoses	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	50.0	33.3	37.5
Total	100.0	100.0	100.0	—	.3	.1	.5	.5	.5	9.3	7.1	8.2	10.6	15.3	13.0

TABLE 47. — *Admission Ages of All Readmissions by Court Commitment, 1932, by Psychoses; Percentage Distribution. — Concluded.*

PSYCHOSES	40-44 YEARS		45-49 YEARS		50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70 YEARS AND OVER		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Traumatic	—	—	—	—	66.7	—	25.0	—	—	8.3	—	—	—	—	—
Senile	—	—	—	—	—	6.3	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	5.3	—	—	—	—	—	—	—	—
General paralysis	17.4	4.8	—	—	4.8	2.5	13.0	—	—	—	—	—	—	—	—
With cerebral syphilis	20.0	33.3	8.7	7.7	13.0	11.5	20.0	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	20.0	20.0	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	18.4	—	7.9	10.0	15.8	57.1	33.3	10.0	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	33.3	—	—	15.8	22.2	13.1	14.3	13.3	13.2	—	11.1	7.9	—	6.7
With pellagra	—	—	—	—	50.0	—	50.0	—	—	—	—	—	—	—	—
With other somatic diseases	50.0	—	—	—	—	—	50.0	50.0	—	—	—	—	—	—	—
Manic-depressive	12.4	12.9	12.7	11.4	14.4	12.7	10.3	7.1	8.4	4.1	4.3	4.2	6.2	5.0	5.5
Involution melancholia	16.7	25.0	21.4	33.3	16.7	25.0	33.3	25.0	28.6	—	—	—	—	—	—
Dementia praecox	18.2	15.1	16.7	9.5	7.1	11.0	4.0	6.0	4.9	—	—	—	1.6	—	1.2
Paranoid or paranoid conditions	25.0	15.1	12.5	16.7	25.0	25.0	16.7	33.3	25.0	.8	4.2	2.4	—	—	—
Epileptic psychoses	—	25.0	14.3	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	11.1	11.1	—	—	—	—	11.1	11.1	—	—	—	—	—	—
With psychopathic personality	—	20.0	11.1	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	25.0	12.5	18.7	—	6.3	6.3	6.3	12.5	9.4	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychosis	—	16.6	12.5	—	—	33.3	25.0	—	—	—	—	—	—	—	—
Total	15.3	12.4	13.8	9.0	11.6	10.3	11.4	11.0	11.2	9.3	8.2	8.7	4.3	5.0	4.7
													5.2	6.0	5.6

When we consider the ages of all clinical groups combined, we observe that the modal age falls in the group 40-44 years. We observe that 70.5 per cent of the readmissions fall in the age groups 30 to 59 years.

Readmissions under 30 years of age are comparatively rare. First admissions are spread out quite uniformly between the ages of 20 and 80 years. Temporary care admissions tend to enter the hospital under the age of 40 years, and the readmissions tend to occur between the ages of 30 and 59 years. Readmissions show an unexpected decrease in the age groups 60 years and higher.

AVERAGE ADMISSION AGES OF FIRST COURT ADMISSIONS, COURT READMISSIONS,
AND ALL TEMPORARY CARE ADMISSIONS, BY PSYCHOSES

Table 48 outlines the average age at admission for first regular court admissions, all readmissions and temporary care admissions for the year 1932, by psychoses. In considering all psychoses, we observe that the average age of first admissions is 48.62 years, for readmissions, 44.59 years, and for temporary care admissions, 38.96 years. We observe that the readmissions are readmitted at a lower average age than the first admissions. However, it should be recalled that the senile psychoses and psychoses with cerebral arteriosclerosis with their high admission ages make up large proportions of the first admissions. These psychoses and others admitting patients at older ages are comparatively rare among the readmissions.

TABLE 48. — *Average Admission Ages of First Court Admissions, Court Readmissions, and All Temporary Care Admissions, 1932, by Psychoses.*

PSYCHOSES	AVERAGE AGE AT ADMISSION IN YEARS			
	All Admissions	First Admissions	Readmissions	Temporary ¹ Care Admissions
Traumatic	49.06	49.60	45.83	49.00
Senile	74.98	75.51	70.62	72.75
With cerebral arteriosclerosis	69.09	69.40	70.25	67.15
General paralysis	45.43	45.86	42.88	45.15
With cerebral syphilis	49.16	48.92	43.50	53.05
With Huntington's chorea	45.50	45.83	57.50	32.50
With brain tumor	51.87	53.33	—	47.50
With other brain or nervous diseases	42.51	42.67	39.03	42.93
Alcoholic	45.21	46.98	51.61	42.78
Due to drugs and other exogenous toxins	42.19	38.05	53.50	42.61
With pellagra	55.83	54.16	—	57.50
With other somatic diseases	47.50	49.92	46.66	44.48
Manic-depressive	41.21	42.05	44.48	38.23
Involution melancholia	52.53	52.80	50.35	52.76
Dementia præcox	34.73	34.05	38.80	32.54
Paranoia or paranoid conditions	46.34	47.26	49.79	44.35
Epileptic psychoses	33.13	33.90	36.07	31.98
Psychoneuroses and neuroses	34.56	37.57	44.16	31.66
With psychopathic personality	31.66	29.38	30.27	33.55
With mental deficiency	32.50	32.60	38.28	28.59
Undiagnosed psychoses	42.61	50.70	37.50	40.25
Without psychoses	34.23	34.30	37.12	34.20
Diagnosis deferred	29.33	35.00	—	28.94
All clinical groups	44.23	48.62	44.59	38.95

¹Includes admissions for temporary care and observation.

Considering the diagnoses presenting the larger number of admissions, we see that the average age of readmissions is less than that of first admissions in senile psychoses (first admissions 75.51, readmissions 70.62 years); general paralysis (first admissions 45.86 readmissions 42.88 years); cerebral syphilis (first admissions 48.92, readmissions 43.50); other brain or nervous diseases (first admissions 42.67, readmissions 39.03 years); psychoses with other somatic diseases (first admissions 49.92, readmissions 46.66 years); involution melancholia (first admissions 52.80, readmissions 50.35 years); and undiagnosed psychoses (first admissions 50.70, readmissions 37.50 years). In the following psychoses the readmission age is higher than the first admission age; psychoses with Huntington's chorea (first admissions 45.83, readmissions 57.50 years); alcoholic psychoses (first admissions 46.98, re-

admissions 51.61 years); psychoses due to drugs (first admissions 38.05, readmissions 53.50 years); manic-depressive psychoses, (first admissions 42.05, readmissions 44.48 years); dementia praecox (first admissions 34.05, readmissions 38.80 years); paranoia or paranoid conditions (first admissions 47.26, readmissions 49.79 years); epileptic psychoses (first admissions 33.90, readmissions 36.07 years); psychoneuroses and neuroses (first admissions 37.57, readmissions 44.16 years); psychopathic personality (first admissions 29.38, readmissions 30.27 years); mental deficiency (first admissions 32.60, readmissions 38.28 years); and cases without psychoses (first admissions 34.30, readmissions 37.12 years).

We observe that the average age for temporary care admissions is generally below the average for first admissions and readmissions. As the use of the temporary care form of admission measures, to a certain extent, the success of community mental hygiene activities, we note with interest that the temporary care admissions are coming into our mental hospitals approximately ten years before the first admissions by court commitment.

ALL VOLUNTARY CARE ADMISSIONS

Table 49 gives the number and percentage distribution of the voluntary care admissions to hospitals for mental diseases during 1932, by psychoses and sex. The highest proportion of voluntary care admissions are observed in cases without psychoses, 50.5 per cent; epileptic psychoses, 15.6 per cent; manic-depressive psychoses, 12.0 per cent; and psychoneuroses and neuroses, 7.8 per cent. The lowest proportions of voluntary care admissions are observed in the traumatic and senile psychoses, cerebral syphilis, paranoia or paranoid conditions, and mental deficiency, with .3 per cent each. Insofar as we are dealing with small numbers, it is difficult to discuss the sex differences.

TABLE 49. — *Psychoses of Voluntary Care Admissions to Hospitals for Mental Diseases, 1932; Percentage Distribution.*

PSYCHOSES	NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	.5	—	.3
Senile	1	—	1	.5	—	.3
With cerebral arteriosclerosis	4	—	4	1.9	—	1.1
General paralysis	13	2	15	6.2	1.3	4.2
With cerebral syphilis	1	—	1	.5	—	.3
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	3	—	3	1.4	—	.8
Alcoholic	6	—	6	2.9	—	1.7
Due to drugs and other exogenous toxins	—	2	2	—	1.3	.6
With pellagra	—	—	—	—	—	—
With other somatic diseases	—	2	2	—	1.3	.6
Manic-depressive	23	20	43	11.0	13.4	12.0
Involunt melancholia	1	2	3	.5	1.3	.8
Dementia praecox	3	1	4	1.4	.7	1.1
Paranoia or paranoid conditions	—	1	1	—	.7	.3
Epileptic psychoses	30	26	56	14.4	17.5	15.6
Psychoneuroses and neuroses	9	19	28	4.3	12.8	7.8
With psychopathic personality	2	2	4	.9	1.3	1.1
With mental deficiency	1	—	1	.5	—	.3
Undiagnosed psychoses	—	—	—	—	—	—
Without psychoses	109	72	181	52.2	48.4	50.5
Diagnosis deferred	2	—	2	.9	—	.6
Total	209	149	358	100.0	100.0	100.0

If we compare this data with that in Table 41, "First Admissions, Readmissions and Temporary Care Admissions, 1931, by Psychoses: Percentage Distribution" we note that psychoses with cerebral arteriosclerosis, general paralysis, alcoholic psychoses, dementia praecox, and psychoses with mental deficiency are under-represented in the voluntary admissions. We observe that the manic-depressive psychoses show a somewhat similar percentage. However, the epileptic psychoses and cases without psychoses are greatly over-represented. The voluntary care admissions present twelve times as many cases of psychoses with epilepsy and thirty-one times as many cases without psychoses as is observed in first regular admissions.

ALL CASES ADMITTED BY TRANSFER

Table 50 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1932, by psychoses and sex. We note that 784 patients were transferred from one mental hospital to another during the year 1932 (437 males and 347 females). Psychoses making up the greater proportion of these transfers were: dementia praecox, 51.4 per cent; manic-depressive psychoses, 10.5 per cent; psychoses with mental deficiency, 8.5 per cent; and general paralysis, 6.3 per cent. The following psychoses were represented in the smallest proportion; traumatic psychoses and psychoses due to drugs, .1 per cent each; cerebral syphilis, .4 per cent; and undiagnosed psychoses, .9 per cent. The sex difference observed follows mainly the admission rates for the particular psychoses. Thus, we see 9.8 per cent of males transferred as contrasted with 1.7 per cent of females in general paralysis. In manic-depressive, we see 9.2 per cent of males and 12.1 per cent of females transferred.

TABLE 50. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1932; Percentage Distribution.*

PSYCHOSES	NUMBER			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	.2	—	.1
Senile	3	4	7	.7	1.2	.9
With cerebral arteriosclerosis	12	10	22	2.7	2.9	2.8
General paralysis	43	6	49	9.8	1.7	6.3
With cerebral syphilis	2	1	3	.5	.3	.4
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	5	4	9	1.1	1.2	1.1
Alcoholic	41	2	43	9.4	.6	5.5
Due to drugs and other exogenous toxins	1	—	1	.2	—	.1
With pellagra	—	—	—	—	—	—
With other somatic diseases	2	6	8	.5	1.7	1.1
Manic-depressive	40	42	82	9.2	12.1	10.5
Involution melancholia	4	12	16	.9	3.5	2.0
Dementia praecox	211	192	403	48.2	55.3	51.4
Paranoia or paranoid conditions	10	13	23	2.3	3.7	2.9
Epileptic psychoses	7	1	8	1.6	.3	1.1
Psychoneuroses and neuroses	6	3	9	1.4	.9	1.1
With psychopathic personality	3	8	11	.7	2.3	1.4
With mental deficiency	34	33	67	7.8	9.5	8.5
Undiagnosed psychoses	6	1	7	1.4	.3	.9
Without psychoses	6	9	15	1.4	2.5	1.9
All clinical groups	437	347	784	100.0	100.0	100.0

Section C. All Discharges from Mental Hospitals during 1932

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1932. This presentation does not include a discussion of the deaths, which follows in another section.

ALL CASES DISCHARGED TO THE COMMUNITY DURING 1932, BY PSYCHOSES

Table 51 shows the number and percentage of first and readmissions who were discharged to the community during 1932. Among the first admissions it will be observed that the largest percentage discharged were cases without psychoses, 23.8 per cent, followed in order by manic-depressive psychoses, 16.6 per cent, and dementia praecox, 12.5 per cent. Disregarding those cases in which the number of discharges was less than twenty-five, we note that the senile psychoses, psychoses due to drugs, involution melancholia, and cases with psychopathic personality had the smallest percentage of patients discharged during 1932, 1.3 per cent, and 1.5 per cent for the latter three diagnoses, respectively.

In considering the readmissions discharged during the year, we find that the largest percentages are found in the manic-depressive psychoses, with 24.4 per cent, and dementia praecox, with 21.8 per cent. The lowest percentages were among the traumatic psychoses, .4 per cent, cerebral syphilis, .7 per cent, and senile psychoses, .8 per cent.

TABLE 51. — *All Cases Discharged to the Community during 1932, by Form of Admission and Psychoses: Number and Percentage Distribution.*¹

PSYCHOSES	FIRST ADMISSIONS		READMISSIONS	
	No.	Percent	No.	Percent
Traumatic	10	.3	6	.4
Senile	37	1.3	11	.8
With cerebral arteriosclerosis	153	5.1	30	2.0
General paralysis	105	3.5	49	3.3
With cerebral syphilis	10	.3	10	.7
With Huntington's chorea	1	.03	—	—
With brain tumor	2	.06	—	—
With other brain or nervous diseases	84	2.8	20	1.4
Alcoholic	289	9.7	93	6.3
Due to drugs and other exogenous toxins	43	1.5	14	1.0
With pellagra	3	.1	1	.06
With other somatic diseases	87	2.9	22	1.5
Manic-depressive	494	16.6	359	24.4
Involution melancholia	45	1.5	21	1.4
Dementia praecox	373	12.5	321	21.8
Paranoia or paranoid conditions	99	3.3	48	3.3
Epileptic psychoses	55	1.9	33	2.2
Psychoneuroses and neuroses	100	3.4	46	3.1
With psychopathic personality	44	1.5	38	2.6
With mental deficiency	66	2.2	54	3.7
Undiagnosed psychoses	139	4.7	31	2.1
Without psychoses	709	23.8	261	17.8
Diagnosis deferred	29	1.0	3	.2
All clinical groups	2,977	100.0	1,471	100.0

¹Includes committed cases, temporary care, observation and voluntary cases discharged.

It will be observed from this table that a total of 4,448 cases were discharged to the community, and that of these the proportion of first admissions discharged was over twice that of readmissions. By far the greater proportion of cases discharged to the community in both first and readmissions are cases without psychoses, 41.6 per cent, manic-depressive, 41.0 per cent, and dementia praecox, 34.3 per cent. The fewest cases discharged are those with traumatic psychoses, .7 per cent, and psychoses with cerebral syphilis, 1.0 per cent.

TABLE 52. — *All Cases Discharged by Transfer during 1932, by Psychoses; Number and Percentage Distribution.*

PSYCHOSES	TRANSFERS	
	Number	Percent
Traumatic	2	.3
Senile	7	.9
With cerebral arteriosclerosis	17	2.2
General paralysis	52	6.9
With cerebral syphilis	2	.3
With Huntington's chorea	—	—
With brain tumor	1	.1
With other brain or nervous diseases	11	1.5
Alcoholic	45	5.9
Due to drugs and other exogenous toxins	4	.5
With pellagra	9	1.2
With other somatic diseases	74	9.7
Manic-depressive	11	1.5
Involution melancholia	379	50.0
Dementia praecox	27	3.6
Paranoia or paranoid conditions	11	1.5
Epileptic psychoses	6	.8
Psychoneuroses and neuroses	11	1.5
With psychopathic personality	67	8.8
With mental deficiency	14	1.7
Undiagnosed psychoses	8	1.1
Without psychoses	—	—
All clinical groups	758	100.0

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1932.*

PSYCHOSES	ALL ADMISSIONS ¹			ALL DISCHARGES ¹			RECOVERED		
	NUMBER			NUMBER			RATE PER 100 ADMISSIONS SAME DIAGNOSIS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	19	3	22	5	—	5	26.3	—	22.7
Senile	87	143	230	7	25	32	8.0	17.5	13.9
With cerebral arteriosclerosis	359	279	638	53	44	97	14.7	15.8	15.2
General paralysis	181	51	232	56	13	69	30.9	25.5	29.7
With cerebral syphilis	26	7	33	7	2	9	26.9	28.6	27.3
With Huntington's chorea	—	4	4	—	—	—	—	—	—
With brain tumor	5	1	6	1	1	2	20.0	100.0	33.3
With other brain or nervous diseases	31	44	75	14	13	27	45.1	29.5	36.0
Alcoholic	206	42	248	104	15	119	50.5	35.7	47.9
Due to drugs and other exogenous toxins	8	15	23	6	8	14	75.0	53.3	60.8
With pellagra	1	2	3	2	—	2	200.0	—	66.6
With other somatic diseases	40	71	111	16	30	46	40.0	42.2	41.1
Manic-depressive	292	360	652	191	260	451	65.4	72.2	69.2
Involution melancholia	38	73	111	13	32	45	34.2	43.8	40.5
Dementia praecox	456	467	923	239	210	449	52.4	44.9	48.6
Paranoia or paranoid conditions	47	63	110	26	37	63	55.3	58.7	57.3
Epileptic psychoses	18	29	47	5	5	10	27.8	17.2	21.3
Psychoneuroses and neuroses	18	48	66	12	19	31	66.9	39.6	46.9
With psychopathic personality	16	19	35	17	25	42	106.2	131.5	120.0
With mental deficiency	89	83	172	32	35	67	35.9	42.1	38.9
Undiagnosed psychoses	30	19	49	16	8	24	53.3	42.1	48.9
Without psychoses	25	33	58	43	18	61	172.0	54.5	105.1
Diagnosis deferred	—	2	2	—	2	2	—	100.0	100.0
Total	1,992	1,858	3,850	865	802	1,667	43.4	43.1	43.3
				163	185	348	8.2	9.9	9.0

¹Includes admissions and discharges under regular court commitment.

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1932.—Concluded.*

PSYCHOSES	IMPROVED						UNIMPROVED						WITHOUT PSYCHOSES					
	NUMBER			RATE PER 100 ADMISSIONS SAME DIAGNOSIS			NUMBER			RATE PER 100 ADMISSIONS SAME DIAGNOSIS			NUMBER			RATE PER 100 ADMISSIONS SAME DIAGNOSIS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	4	—	4	21.0	—	18.2	—	—	—	—	—	—	—	—	—	—	—	—
Senile.	5	17	22	5.7	11.9	9.5	2	7	9	2.3	4.9	3.9	—	—	—	—	—	—
With cerebral arteriosclerosis	42	28	70	11.7	10.0	10.9	5	11	16	1.4	3.9	2.5	—	—	—	—	—	—
General paralysis	51	11	62	28.2	21.5	26.7	5	2	7	2.7	3.9	3.0	—	—	—	—	—	—
With cerebral syphilis	7	1	8	26.9	14.3	24.2	—	1	1	—	14.3	3.0	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	100.0	16.6	1	—	1	20.0	—	16.6	—	—	—	—	—	—
With other brain or nervous diseases	12	9	21	38.7	20.4	28.0	2	3	5	6.4	6.8	6.6	—	—	—	—	—	—
Alcoholic	58	8	66	28.1	19.0	26.6	11	1	12	5.3	2.4	4.8	—	—	—	—	—	—
Due to drugs and other exogenous toxins	1	5	6	12.5	33.3	26.1	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	9	17	26	22.5	23.9	23.4	1	2	3	2.5	2.8	2.7	—	—	—	—	—	—
Manic-depressive	105	148	253	35.9	41.1	38.8	12	6	18	4.1	1.6	2.7	—	—	—	—	—	—
Involution melancholia	9	20	29	23.7	27.4	26.1	3	4	7	7.9	5.5	6.3	—	—	—	—	—	—
Dementia praecox	185	161	346	40.6	34.5	37.5	43	28	71	9.4	6.0	7.7	—	—	—	—	—	—
Paranoia or paranoid conditions	18	25	43	38.3	39.7	39.1	3	10	13	6.4	15.9	11.8	—	—	—	—	—	—
Epileptic psychoses	2	2	4	11.1	6.9	8.5	1	—	1	5.5	—	2.1	—	—	—	—	—	—
Psychoneuroses and neuroses	7	12	19	38.9	25.0	28.8	2	3	5	11.1	6.2	7.6	—	—	—	—	—	—
With psychopathic personality	8	19	27	50.0	100.0	77.1	3	1	4	18.7	5.2	11.4	—	—	—	—	—	—
With mental deficiency	23	25	48	25.8	30.1	27.9	6	2	8	6.7	2.4	4.6	—	—	—	—	—	—
Undiagnosed psychoses	9	6	15	30.0	31.6	30.6	4	1	5	13.3	5.2	10.2	—	—	—	—	—	—
Without psychoses	1	—	1	4.0	—	1.7	—	—	—	—	—	—	—	—	—	168.0	54.5	103.4
Diagnosis deferred	—	2	2	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
Total	556	517	1,073	27.9	27.8	27.9	104	82	186	5.2	4.4	4.8	42	18	60	2.1	.9	1.5

ALL CASES DISCHARGED BY TRANSFER DURING 1932, BY PSYCHOSES

Table 52 shows the number and percentage of cases discharged to other institutions by transfer during 1932, giving the number and percentage distribution.

Of the total, 5,206 cases discharged during the year, 758 or 14.5 per cent, were transfers, while as we observed in Table 51, 4,448 cases, or 85.5 per cent, were discharged to the community. Among the cases transferred, it will be observed that the largest percentages occur in the dementia praecox cases with 50.0 per cent, manic-depressive psychoses, 9.7 per cent, and psychoses with mental deficiency, 8.8 per cent. The percentage of cases transferred with cerebral syphilis senile psychoses, psychoses due to drugs, and psychoneuroses and neuroses is very small, .3 per cent, .9 per cent, .5 per cent, and .8 per cent, respectively.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED

Table 53 reveals that 1,667 regularly committed cases were discharged during the year: 348 as recovered, 1,073 as improved, 186 as unimproved, and 60 as without psychoses. It also states the rates of discharge per 100 admissions of the same diagnosis for each specific mental condition. A discharge rate based on the relationship of discharges to admissions for the same year is one that is commonly used in statistics of mental diseases, in spite of the fact that it is not especially accurate.

The rate of all cases discharged per 100 admissions for the same year is 43.3; 43.4 for males and 43.1 for females. In this table only admissions and discharges under regular court commitments are considered. When the individual psychoses are compared, the highest rate of discharge occurs in the psychoses with psychopathic personality, 120 discharges per 100 admissions for the same psychosis. Next in order come those cases which were diagnosed as without psychoses, with a discharge rate of 105.1 per each 100 admissions. Next in order of importance are the manic-depressive psychoses, with a discharge rate of 69.2. Cases with pellagra are too few in number to be of importance in the discharge rate. Following in order are: psychoses due to drugs, 60.8; paranoia or paranoid conditions, 57.3; undiagnosed psychoses, 48.9; dementia praecox, 48.6; and alcoholic psychoses, 47.9. The most significant of these rates are those for manic-depressive psychoses and dementia praecox, as the others are based on relatively small numbers.

The lowest rate of discharge is that for senile psychoses, 13.9. The next lowest rates are for psychoses with cerebral arteriosclerosis, 15.2, and epileptic psychoses, 21.3 per cent. The majority of psychoses not mentioned specifically do not differ significantly from the average for all psychoses.

Considering the rates for the totals in each mental condition, we note that those discharged as "improved" have the highest rate per 100 admissions, 27.9. The "recovered" and "unimproved" rates of 9.0 and 4.8 are comparatively the same, while the rate for "without psychoses" is much smaller, 1.5.

The psychoses having the largest proportion of recoveries in comparison with admissions are: psychoses due to drugs and other exogenous toxins, 34.8; cases with psychopathic personality, 31.4; manic-depressive, 27.6 cases discharged as recovered per 100 admissions for the same psychoses; and alcoholic psychoses, 16.5.

The psychoses showing the smallest proportion of recoveries are: senile psychoses, .4; psychoses with cerebral arteriosclerosis, 1.7 cases discharged as recovered per 100 admissions for the same psychoses; psychoses with other brain or nervous diseases, 1.3; dementia praecox, 3.4; traumatic psychoses, 4.5; and paranoia or paranoid conditions, and psychoses with mental deficiency, 6.4 each.

The psychoses showing the largest proportion of cases "improved" in comparison with admissions are psychoses with psychopathic personality, 77.1 cases discharged as improved per 100 admissions of the same psychosis; paranoia or paranoid conditions, 39.1; and manic-depressive psychoses, 38.8. The epileptic psychoses, senile psychoses, and psychoses with cerebral arteriosclerosis present small proportions discharged as improved, 8.5, 9.5 and 10.9 cases per 100 admissions of the same psychoses, respectively.

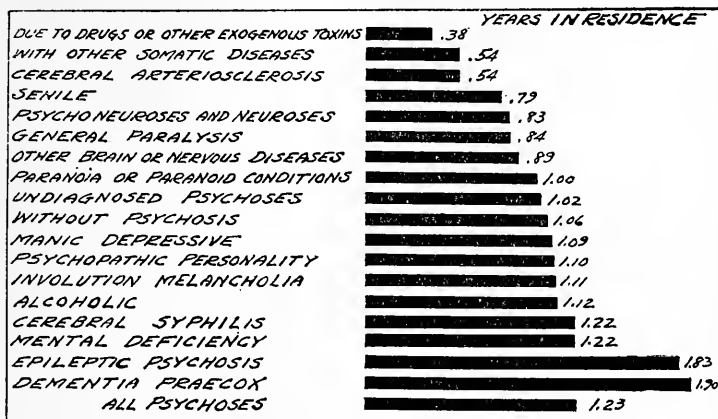
In the "unimproved" group the highest rate of discharge per 100 admissions of the same diagnosis is found in the psychoses with brain tumor, 16.6; paranoia or paranoid conditions, 11.8; with psychopathic personality, 11.4; and undiagnosed psychoses, 10.2. The lowest proportion of discharges is found in epileptic psychoses,

2.1; cerebral arteriosclerosis, 2.5; and manic-depressive psychoses, and psychoses with other somatic diseases, 2.7 each.

For cases which were diagnosed as "without psychoses", the discharge rate is 103.4 per 100 admissions of the same psychosis.

AVERAGE TIME WITHIN INSTITUTION DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED

The average net hospital stay in years for all psychoses and for both sexes is one year and two months (Table 54 and Graph 3). Patients who were discharged as "recovered" remained eleven months. Those discharged as "improved" remained one year and two months. Patients discharged as "unimproved" remained the longest period of all, approximately two years. Those discharged as "without psychoses" remained approximately one year and three weeks.



GRAPH 3.—AVERAGE LENGTH OF TIME IN RESIDENCE OF COMMITTED PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1932.

The average length of stay in years for all discharges is longest in cases with dementia praecox, 1.90 years. The epileptic psychoses, 1.83 years, psychoses with mental deficiency, 1.22 years; psychoses with cerebral syphilis, 1.22 years; and alcoholic psychoses, 1.12 years, come next in order according to length of stay. Excluding the psychoses with pellagra and brain tumor because of the small number of cases concerned, we find that the shortest average periods are found in the following psychoses: traumatic psychoses, .23 years; psychoses due to drugs, .38 years; other somatic diseases, .54 years; and psychoses with cerebral arteriosclerosis, .54 years.

It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution, excluding all time out on visit, etc.

In the "recovered" group, patients with the following psychoses remained the longest average time in hospitals: undiagnosed psychoses, 3.42 years; paranoia or paranoid conditions, 1.13 years; and dementia praecox, 1.10 years. Patients with the following psychoses remain the shortest average time: traumatic psychoses, .04 years; psychoses due to drugs, .34 years; and epileptic psychoses, .36 years.

In the groups considered as "improved" in mental condition, the following remained the longest average periods: epileptic psychoses, 2.50 years; involution melancholia, 2.34 years; dementia praecox, 1.64 years; psychoses with mental deficiency, 1.39 years; and cases with cerebral syphilis, 1.31 years. The shortest averages were observed in the traumatic psychoses, .28 years; psychoses due to drugs, .46 years; psychoses with brain tumor, .50 years; and cerebral arteriosclerosis, .54 years.

TABLE 54. — *Average Time in Years Spent in Institutions during This Admission and Condition on Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1932.*¹

PSYCHOSES	AVERAGE TIME IN RESIDENCE IN YEARS														
	ALL CONDITIONS			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	.23	—	.23	.04	—	.04	.28	—	.28	—	.28	—	—	—	—
Senile	.64	.84	.79	.50	.50	.50	.70	.85	.82	.50	.85	.78	—	—	—
With cerebral arteriosclerosis	.59	.47	.54	.78	.43	.63	.84	.53	.54	.78	.33	.47	—	—	—
General paralysis	.85	.78	.84	—	—	—	.85	.75	.84	.79	.96	.84	—	—	—
With cerebral syphilis	1.42	.50	1.22	—	—	—	1.42	.50	1.31	—	.50	.50	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	.50	.25	—	—	—	—	.50	.50	—	—	—	—	—	—
With other brain or nervous diseases	.71	1.07	.89	—	.50	.50	.62	1.17	.85	1.31	.99	1.12	—	—	—
Alcoholic	1.21	.51	1.12	.67	.29	.61	1.27	.69	1.20	2.66	.50	2.47	—	—	—
Due to drugs and other exogenous toxins	.34	.42	.38	.32	.36	.34	.46	.45	.46	—	—	—	—	—	—
With pellagra	.31	—	.31	.31	—	.31	—	—	—	—	—	—	—	—	—
With other somatic diseases	.37	.63	.54	.26	.47	.39	.47	.73	.64	.16	.69	.51	—	—	—
Manic-depressive	1.16	1.04	1.09	.99	1.06	1.04	.96	1.05	1.01	3.91	.38	2.73	—	—	—
Involution melancholia	1.00	1.16	1.11	1.50	.68	.77	1.03	2.92	2.34	.75	4.78	3.05	—	—	—
Dementia praecox	1.94	1.86	1.90	.91	1.19	1.10	1.75	1.50	1.64	2.35	3.76	2.91	—	—	—
Paranoia or paranoid conditions	2.10	1.01	1.00	1.48	.27	1.13	.98	1.06	1.03	.34	1.01	.86	—	—	—
Epileptic psychoses	2.10	1.56	1.83	.50	.27	.36	1.50	3.50	2.50	6.50	—	6.50	—	—	—
Psychoneuroses and neuroses	.93	.77	.83	1.08	.28	.63	.89	1.04	.99	.81	.35	.54	—	—	—
With psychopathic personality	1.35	.93	1.10	.69	1.37	1.00	1.95	.84	1.17	1.04	.50	.91	—	—	—
With mental deficiency	1.46	.99	1.22	.73	.82	.80	1.70	1.09	1.39	.89	.45	.78	—	—	—
Undiagnosed psychoses	1.28	.48	1.02	4.50	.20	3.42	.68	.50	.60	.26	.71	.35	—	—	—
Without psychoses	1.50	.51	1.06	—	—	—	—	—	—	—	—	—	1.30	.51	1.06
All clinical groups	1.27	1.19	1.23	.91	.92	.92	1.26	1.20	1.23	2.02	1.92	1.97	1.30	.51	1.06

¹The "Net Time in Institutions" which is used in this table, is ascertained by the subtraction of the "Total Time Out of Institution" from the "Total Time on Books of Institution"

For the group considered as "unimproved" in mental condition, the longest average stay was observed in the following: epileptic psychoses, 6.50 years; involution melancholia, 3.05 years; dementia praecox, 2.91 years; and manic-depressive psychoses, 2.73 years. The shortest averages were observed in the following: psychoses with cerebral arteriosclerosis, .47 years; cerebral syphilis, .50 years; and psychoses with other somatic diseases, .51 years. In the group "without psychoses", the average length of stay is 1.06 years.

In comparing the sexes, we observe in the total for all mental conditions a tendency for both males and females to remain about the same length of time in the institution. In the "recovered" group there is practically no difference in the average length of hospital stay. In the "improved" group the males and females remain approximately one year and two months each. In the "unimproved" group the males remained a little over two years, while the females remained one year and eleven months.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL

We have observed (Table 48) that the average admission age of all first admissions during 1932 was 48.6 years, for readmissions, 44.5 years, and for all temporary admissions, 38.9 years. Table 55 now shows us that the average age of committed patients discharged during 1932 was 42.5 years for both sexes: 41.8 years for males and 43.2 years for females.

TABLE 55. — *Average Age of Committed Patients Discharged during 1932, by Hospital.*

HOSPITAL	NUMBER OF DISCHARGES			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Boston State.	84	93	177	46.0	45.7	45.8
Boston Psychopathic	37	19	56	37.2	34.4	36.2
Danvers.	107	114	221	40.5	44.9	42.8
Foxborough	48	34	82	43.1	37.5	40.7
Gardner	18	24	42	40.2	50.0	45.8
Grafton	10	10	20	40.0	38.0	39.0
Medfield	25	47	72	44.5	42.0	42.9
Metropolitan	5	6	11	32.5	47.5	40.6
Northampton	62	94	156	42.4	43.4	43.0
Taunton	80	84	164	43.3	44.4	43.9
Westborough	72	111	183	42.0	45.0	43.8
Worcester	155	125	280	43.2	39.7	41.6
Monson	2	—	2	30.0	—	30.0
McLean	37	39	76	42.5	42.2	42.3
Bridgewater	30	—	30	36.0	—	36.0
Tewksbury	1	2	3	62.5	60.0	60.8
U. S. Veterans' No. 107	58	—	58	38.7	—	38.7
U. S. Veterans' No. 95	34	—	34	38.5	—	38.5
All Hospitals.	865	802	1,667	41.8	43.2	42.5

Excluding Tewksbury State Infirmary because of the few cases concerned, the Boston State Hospital and Gardner State Colony show the highest average age at discharge, 45.8 years each, with Taunton, 43.9 years, Westborough, 43.8 years, and the Northampton State Hospital, 43.0 years, following in order. The lowest average age at discharge, exclusive of Monson, is found at Bridgewater, 36.0 years, the Psychopathic Hospital, 36.2 years; and U. S. Veterans' Hospitals Nos. 107 and 95, 38.7 and 38.5 years, respectively.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED

The 1,667 committed cases discharged during 1932 had a total of 1,383 visits, or an average of 1.41 visits for each patient discharged (Table 56). We note that 17.0 per cent of these patients were discharged directly from the institution without being placed on visit: 55.8 per cent had one visit, 15.0 per cent two visits, 6.2 per cent three visits, and an additional 6.0 per cent had four or more visits previous to discharge. Considering the individual psychoses, the highest average number of times placed on visit is observed in psychoses with psychopathic personality with an average of 1.85. This is followed by psychoses with mental deficiency, 1.64;

involution melancholia, 1.62; and dementia praecox and the epileptic psychoses, 1.60 each. The lowest average number of times out on visit are observed in traumatic psychoses, .20; psychoses due to drugs, .50; pellagra, .50; cerebral syphilis, psychoses with brain tumor, and other somatic diseases, 1.00 each. In comparing these averages for different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of patients. Obviously, patients with psychoses which average long periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 56. — *Number of Times Out on Visit during This Admission of Committed Patients Discharged during 1932, by Psychoses.*

PSYCHOSES	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
Traumatic	5	1	4	1	—	—	—	—	—	.20
Senile	32	29	3	19	8	2	—	—	—	1.28
With cerebral arterio-sclerosis	97	82	15	70	7	2	1	2	—	1.12
General paralysis	69	58	11	44	8	2	4	—	—	1.24
With cerebral syphilis	9	9	—	9	—	—	—	—	—	1.00
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor	2	2	—	2	—	—	—	—	—	1.00
With other brain or nervous diseases	27	23	4	18	2	1	2	—	—	1.22
Alcoholic	119	102	17	75	15	4	6	—	2	1.38
Due to drugs and other exogenous toxins	14	7	7	7	—	—	—	—	—	.50
With pellagra	2	1	1	1	—	—	—	—	—	.50
With other somatic diseases	46	40	6	36	2	2	—	—	—	1.00
Manic-depressive	451	397	54	270	72	31	17	3	4	1.44
Involution melancholia	45	43	2	29	8	4	1	12	1	1.62
Dementia praecox	449	370	79	214	82	35	24	—	3	1.60
Paranoia or paranoid conditions	63	48	15	36	8	4	—	—	—	1.01
Epileptic psychoses	10	8	2	4	1	2	1	—	—	1.60
Psychoneuroses and neuroses	31	24	7	11	11	1	—	—	1	1.51
With psychopathic personality	42	34	8	17	10	2	3	—	2	1.85
With mental deficiency	67	54	13	32	13	5	1	—	3	1.64
Undiagnosed psychoses	24	20	4	14	3	2	—	1	—	1.37
Without psychoses	61	31	30	21	—	5	2	1	2	1.24
Diagnosis deferred	2	—	2	—	—	—	—	—	—	—
All clinical groups	1,667	1,383	284	930	250	104	62	19	18	1.41
Percent	100.0		17.0	55.8	15.0	6.2	3.7	1.2	1.1	

PERCENTAGE OF TIME SPENT OUT ON VISIT DURING THE PRESENT ADMISSION,
FOR DISCHARGES DURING 1932

The effort of each hospital has been directed toward the return of as many cases as possible to the community, and to the shortening of the period of hospital residence. In Table 57 we show the percentage of time spent on visit of all committed cases discharged during 1932.

This table gives this information by psychoses and reveals that patients had spent 42.52 per cent of their time out of institutions during the present admission. While there are no material differences between the sexes, we observe a tendency for the females to spend a larger proportion of time out of the institution.

The following psychoses reveal the highest proportion of time out of the institution: senile psychoses, 60.30 per cent; cerebral arteriosclerosis and psychoses with other somatic diseases, 60.00 per cent each; psychoses due to drugs, 56.81 per cent; and general paralysis, 54.34 per cent. The lowest percentages for time spent out on visit are observed in dementia praecox, 29.88 per cent of time on books; epileptic psychoses, 30.41 per cent; cases without psychoses, 34.16 per cent; and psychopathic personality, 43.00 per cent.

TABLE 57. — *Percentage of Time Spent Out on Visit during the Present Admission of All Committed Cases Discharged during 1932.*

PSYCHOSES	PERCENTAGE OF TIME SPENT ON VISIT PREVIOUS TO DISCHARGE		
	M.	F.	T.
Senile	60.97	59.80	60.30
With cerebral arteriosclerosis	56.61	64.66	60.00
General paralysis	55.02	51.55	54.34
With cerebral syphilis	48.92	66.66	51.20
With other brain or nervous diseases	54.48	48.30	50.82
Alcoholic	43.45	63.82	45.36
Due to drugs and other exogenous toxins	49.25	59.61	56.81
With other somatic diseases	64.57	58.27	60.00
Manic-depressive	42.00	48.76	46.03
Involution melancholia	50.24	51.46	51.31
Dementia praecox	27.61	32.11	29.88
Paranoia or paranoid conditions	44.75	42.61	43.82
Epileptic psychoses	32.25	27.77	30.41
Psychoneuroses and neuroses	42.23	45.00	43.91
With psychopathic personality	35.71	48.61	43.00
With mental deficiency	42.96	47.61	44.79
Without psychoses	33.67	35.44	34.16
All clinical groups	40.93	43.8	42.52

AVERAGE TIME ON BOOKS DURING ALL ADMISSIONS, COMMITTED CASES
DISCHARGED DURING 1932, BY ECONOMIC CONDITION

Table 58 shows that there is a definite tendency for cases in the "dependent" and "marginal" economic groups to remain in mental hospitals for a long time. Cases listed as "dependent" spent an average of 2.69 years on the books of mental hospitals during all admissions. The "marginal" group remained 3.00 years. The "comfortable" group remained 2.46 years. Thus, it is evident that the average for the group of "comfortable" economic status is approximately two to six months less than that of the "dependent" or "marginal" classes.

TABLE 58. — *Average Time on Books during All Admissions of Committed Patients Discharged during 1932, by Economic Condition.*

ECONOMIC CONDITION	TOTAL NUMBER			AVERAGE IN YEARS		
	M.	F.	T.	M.	F.	T.
Dependent	68	77	145	2.57	2.79	2.69
Marginal	716	632	1,348	3.05	2.94	3.00
Comfortable	74	85	159	2.24	2.64	2.46
Unknown	7	8	15	2.04	1.58	1.79
Total	865	802	1,667	2.93	2.88	2.91

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, COMMITTED PATIENTS
DISCHARGED DURING 1932, BY HOSPITAL

The average time spent on the books, the average time spent out and the net time spent within the institution during the present admission is shown in Table 59 for the 1,667 committed cases discharged during 1932. Here it will be observed that the average time on the books for all hospitals was approximately two years and one month, the averages remaining approximately the same for both sexes. The longest average time on the books is found at Grafton State Hospital and at U. S. Veterans' No. 107. Monson and Tewksbury are not included because of the small number of patients discharged from these institutions. The shortest average time on the books was spent at McLean Hospital and the Boston Psychopathic Hospital.

The average time spent out on visit, etc., from all institutions was approximately eleven months. The longest average time spent out (exclusive of Tewksbury) is observed at the Westborough State Hospital, approximately one year and two months. The shortest average time spent out was at the McLean Hospital (three

weeks), Grafton State Hospital (five months), U. S. Veterans' Hospital No. 95 (eight months), and U. S. Veterans' Hospital No. 107 and Boston State Hospital (nine months).

TABLE 59. — *Total Time on Books, Total Time Out and Net Time within Institutions during This Admission of Committed Patients Discharged from Hospitals for Mental Diseases during 1932, by Hospital and Sex.*

HOSPITALS	AVERAGE TIME IN YEARS								
	TIME SPENT ON BOOKS			TIME SPENT OUT			NET TIME WITHIN INSTITUTIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2.16	2.17	2.17	.79	.81	.80	1.37	1.36	1.37
Boston Psychopathic	1.42	1.50	1.45	.94	1.00	.96	.48	.50	.49
Danvers	2.13	2.11	2.12	1.01	1.02	1.02	1.12	1.09	1.10
Foxborough	2.61	2.19	2.43	1.28	.90	1.12	1.33	1.29	1.31
Gardner	1.98	2.13	2.06	.99	.87	.93	.99	1.26	1.13
Grafton	3.00	3.19	3.09	.28	.63	.45	2.72	2.56	2.64
Medfield	1.85	1.78	1.81	.85	.87	.86	1.00	.91	.95
Metropolitan	1.38	1.50	1.44	.80	1.00	.90	.58	.50	.54
Northampton	2.06	1.93	1.98	1.17	1.07	1.11	.89	.86	.87
Taunton	1.83	2.75	2.30	.85	.87	.86	.98	1.88	1.44
Westborough	2.22	2.32	2.28	1.03	1.24	1.16	1.19	1.08	1.12
Worcester	2.10	2.08	2.09	.83	.94	.88	1.27	1.14	1.21
Monson	10.00	—	10.00	1.00	—	1.00	9.00	—	9.00
McLean	1.79	1.13	1.45	.06	.04	.05	1.73	1.09	1.40
Bridgewater	2.05	—	2.05	.80	—	.80	1.25	—	1.25
Tewksbury	3.50	4.50	4.16	2.50	1.00	1.50	1.00	3.50	2.66
U. S. Veterans' No. 107	2.83	—	2.83	.80	—	.80	2.03	—	2.03
U. S. Veterans' No. 95	2.44	—	2.44	.70	—	.70	1.74	—	1.74
Total	2.15	2.12	2.14	.88	.93	.91	1.27	1.19	1.23

The actual net time spent within the institutions of patients discharged from all institutions was a little over one year and two months. There is a difference in the average for both sexes. Excluding Monson and Tewksbury, Grafton State Hospital and U. S. Veterans' Hospital No. 107 showed the longest average length of residence: two years and seven months, and two years and two weeks, respectively. The shortest average length of residence is observed at the Boston Psychopathic Hospital, Metropolitan State Hospital, Northampton State Hospital, and Medfield State Hospital, with five months for the Psychopathic, six months for the Metropolitan State Hospital, ten months for Northampton State Hospital and eleven months for the Medfield State Hospital.

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION; TEMPORARY CARE, OBSERVATION AND VOLUNTARY CASES DISCHARGED DURING 1932, BY HOSPITAL

Table 60 shows the average time on the books, the average time spent out and the net time spent within each State hospital during the present admission of temporary care, observation and voluntary care cases discharged during 1932.

The average time on the books of patients admitted on these forms is low when compared with the average time on the books of committed patients discharged (one and one-fourth months as against two years and one month for committed patients). The longest time on the books is spent by patients at Bridgewater, two years and seven months, while the shortest average time on the books is found at the Psychopathic Hospital, and Grafton State Hospital with three weeks, respectively.

The net time actually spent within the institution is longest for Bridgewater, the time averaging two years and seven months. Next in order are: the Monson State Hospital, approximately eleven months; U. S. Veterans' Hospital No. 107, eight months; U. S. Veterans' Hospital No. 95, approximately four months; and McLean Hospital, two months. It may be well to mention that the observation form of admission at Bridgewater usually refers to cases who are under indictment and cover a longer period of time than the regular thirty-five day observation period prevalent at the State Hospitals.

The shortest net time spent within institutions is observed at the Psychopathic Hospital, three weeks; Grafton State Hospital, three weeks; Boston State Hospital, three weeks; and Medfield State Hospital, a little over three weeks.

The average net time within all hospitals is approximately one month for these forms of admission. The males show a slightly longer period of residence than the females.

TABLE 60. — *Total Time on Books, Total Time Out and Net Time Spent within Institutions during This Admission, of Temporary Care, Observation and Voluntary Cases Discharged from Hospitals for Mental Diseases during 1932, by Hospital and Sex.*

HOSPITALS	TEMPORARY CARE, OBSERVATION AND VOLUNTARY DISCHARGES								
	TIME SPENT ON BOOKS			TIME SPENT OUT			NET TIME WITHIN INSTITUTIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State . . . . .	.07	.05	.06	.0003	—	.0002	.0697	.0500	.0598
Boston Psychopathic . . . . .	.04	.04	.04	—	—	—	.04	.04	.04
Danvers . . . . .	.06	.07	.06	—	—	—	.06	.07	.06
Foxborough . . . . .	.09	.08	.08	—	—	—	.09	.08	.08
Gardner . . . . .	.07	.22	.13	—	—	—	.07	.22	.13
Grafton . . . . .	.04	.04	.04	—	—	—	.04	.04	.04
Medfield . . . . .	.05	.04	.05	—	—	—	.05	.04	.05
Metropolitan	—	—	—	—	—	—	—	—	—
Northampton . . . . .	.12	.05	.09	—	—	—	.12	.05	.09
Taunton . . . . .	.10	.08	.10	—	—	—	.10	.08	.10
Westborough . . . . .	.12	.12	.12	—	—	—	.12	.12	.12
Worcester . . . . .	.18	.23	.20	—	.0024	.0006	.18	.2276	.1994
Monson	1.98	2.06	2.01	1.18	.97	1.10	.80	1.09	.91
McLean . . . . .	.13	.33	.23	.002	.004	.003	.128	.326	.227
Bridgewater	2.63	—	2.63	—	—	—	2.63	—	2.63
Tewksbury	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107 . . . . .	.84	—	.84	.10	—	.10	.74	—	.74
U. S. Veterans' No. 95 . . . . .	.40	—	.40	.05	—	.05	.35	—	.35
Total . . . . .	.16	.12	.14	.03	.02	.03	.13	.10	.11

Section D. Deaths in Mental Hospitals during the Year 1932

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1932.

TABLE 61. — *Deaths during 1932, by Certain Psychoses: Death Rate per 1,000 of Same Psychoses under Treatment.*¹

PSYCHOSES	TOTAL UNDER TREATMENT			NUMBER OF DEATHS			DEATH RATE PER 1,000 OF SAME PSYCHOSES UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	286	601	887	75	161	236	262.	267.	266.
With cerebral arteriosclerosis	850	763	1,613	318	229	547	374.	300.	339.
General paralysis	729	191	920	119	34	153	163.	178.	166.
Alcoholic	1,495	276	1,771	84	15	99	56.	54.	55.
Dementia praecox	6,174	6,186	12,360	126	189	315	20.	30.	25.
With other somatic diseases	132	200	332	32	43	75	242.	215.	225.
Manic-depressive	1,152	1,688	2,840	49	63	112	42.	37.	39.
All other psychoses	4,053	3,813	7,866	192	175	367	47.	45.	46.
Total	14,871	13,718	28,589	995	909	1,904	66.	66.	66.

¹Cases under treatment are obtained by adding resident population on September 30, 1932 and discharges and deaths during the year 1932. Total under treatment includes transfers.

DEATHS BY CERTAIN PSYCHOSES

Table 61 reveals that there were a total of 1,904 deaths in mental hospitals during 1932: 995 males and 909 females. It also presents the death rates for the most

important psychoses. These rates are based upon the number of patients of the same psychosis under treatment during the year. The diagnostic group having the largest death rate is psychoses with cerebral arteriosclerosis, 339 deaths per 1,000 cases of the same diagnosis under treatment. The next largest death rate is found for senile psychoses, 266. The next is for psychoses with other somatic diseases, 225, and general paralysis, with 166. The lowest death rate is found to be 25 for dementia praecox.

For all clinical groups combined, the death rate is 66 per 1,000 under treatment. The rate for the males is 66, and for the females 66. Marked sex differences are observed in certain psychoses. The death rate is higher for males in psychoses with cerebral arteriosclerosis (374) than it is for females (300); alcoholic psychoses, males (56) and females (54); in psychoses with other somatic diseases (males 242, females 215); and manic-depressive psychoses, males (42) and females (37).

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND
ALL ADMISSIONS; COMMITTED PATIENTS DYING DURING 1932, BY
CERTAIN PSYCHOSES

Table 62 and Graph 4 show the average length of hospital residence during the last admission and during all admissions of patients dying during 1932, by certain psychoses. The average length of stay within institutions during all admissions is 6.49 years: males 6.33 years, females 6.66 years. If we consider only the most recent admission, during which the patient died, we observe that the average length of hospital stay is 5.92 years: 5.50 years for males, and 6.38 years for females. While the psychoses presenting the smaller numbers of cases have been omitted in the above table, the total averages given include all clinical groups.

TABLE 62. — *Average Net Duration of Hospital Residence during This Admission and during All Admissions, of Committed Patients Dying during 1932, by Certain Psychoses.*

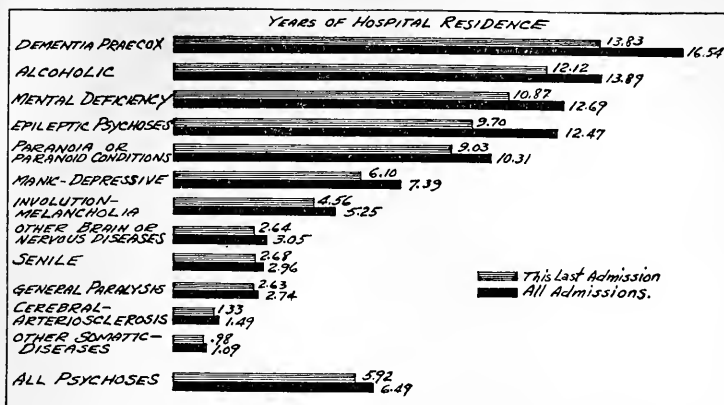
PSYCHOSES ¹	AVERAGE LENGTH OF STAY IN YEARS ²					
	ALL ADMISSIONS ³			THIS ADMISSION		
	M.	F.	T.	M.	F.	T.
Senile	2.44	3.19	2.96	2.31	3.04	2.68
With cerebral arteriosclerosis	1.41	1.62	1.49	1.27	1.42	1.33
General paralysis	2.76	2.67	2.74	2.70	2.33	2.63
With other brain or nervous diseases	3.29	2.81	3.05	2.77	2.49	2.64
Alcoholic	14.09	12.81	13.89	12.69	9.09	12.12
With other somatic diseases	1.04	1.12	1.09	1.04	.93	.98
Manic-depressive	7.60	7.23	7.39	6.02	6.17	6.10
Involution melancholia	3.96	5.79	5.25	2.92	5.24	4.56
Dementia praecox	16.70	16.44	16.54	14.40	13.46	13.83
Paranoia or paranoid conditions	10.52	10.19	10.31	9.32	8.87	9.03
Epileptic psychoses	14.69	10.27	12.47	11.50	7.90	9.70
With mental deficiency	12.97	12.13	12.69	10.81	10.97	10.87
Undiagnosed psychoses . . . . .	.04	.05	.04	.04	.05	.04
Without psychoses	17.96	12.62	16.01	13.50	8.99	11.85
All clinical groups	6.33	6.66	6.49	5.50	6.38	5.92

¹Psychoses in which the number of cases involved was less than ten are omitted.

²Exclusive of all time out on visit, etc., during this admission and all admissions.

³Includes all previous admissions as well as the last admission during which the patient died.

When we consider the average length of hospital stay during *all* admissions, we observe that the longest average residence was for cases with dementia praecox, 16.54 years. Next in order come cases without psychoses, 16.01 years; alcoholic psychoses, 13.89 years; psychoses with mental deficiency, 12.69 years; and epileptic psychoses, 12.47 years. The clinical groups having the shortest average period of hospital residence during all admissions are as follows: undiagnosed psychoses, .04 years; psychoses with other somatic diseases, 1.09 years; with cerebral arteriosclerosis, 1.49 years; general paralysis, 2.74 years; and the senile psychoses, 2.96 years.



GRAPH 4. — AVERAGE LENGTH OF HOSPITAL STAY IN YEARS OF PATIENTS DYING-1932.

In considering the last admission, during which the patient died, we see that cases with dementia praecox, 13.83 years; alcoholic psychoses, 12.12 years; cases without psychoses, 11.85 years; and psychoses with mental deficiency, 10.87 years, have the longest average periods of hospital residence. The clinical groups having the shortest average period of hospital residence are: undiagnosed psychoses, .04 years; psychoses with other somatic diseases, .98 years; cerebral arteriosclerosis, 1.33 years; and general paralysis, 2.63 years.

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS OF COMMITTED PATIENTS DYING DURING 1932, BY NUMBER OF TIMES ADMITTED

Table 63 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions. The length of hospital residence of this last admission during which the patient died is the shortest in the case of patients who had eight admissions in all, .20 years, although only one case fell within this group.

TABLE 63. — Average Net Duration of Hospital Residence during This Admission and All Admissions of Committed Patients Dying during 1932, by Number of Times Admitted.¹

NUMBER OF TIMES ADMITTED	NUMBER			AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS								
				THIS ADMISSION			ALL ADMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	557	515	1,072	3.27	3.23	3.27	3.27	3.23	3.27	3.27	3.23	3.27
Two	237	194	431	8.61	9.30	8.91	10.02	11.02	10.47	10.02	11.02	10.47
Three	59	73	132	10.68	8.87	9.68	12.70	12.97	12.85	12.70	12.97	12.85
Four	19	33	52	12.40	9.05	10.27	16.83	11.90	13.69	16.83	11.90	13.69
Five	9	12	21	6.21	11.71	9.35	8.42	15.41	12.42	8.42	15.41	12.42
Six	7	7	14	8.45	2.42	5.64	20.83	5.02	12.93	20.83	5.02	12.93
Seven	1	—	1	33.00	—	33.00	33.00	—	33.00	33.00	—	33.00
Eight	—	1	1	—	.20	.20	—	1.50	1.50	—	1.50	1.50
Nine	1	2	3	7.50	5.00	5.84	16.00	7.50	10.33	16.00	7.50	10.33
Ten or more	1	1	2	4.50	2.50	3.50	4.50	25.50	14.25	4.50	25.50	14.25
Total	891	838	1,729	5.50	6.38	5.92	6.33	6.66	6.49	6.33	6.66	6.49

¹The "net time" in institutions which is used in this table is ascertained by subtraction of the "total time out" of institutions from the "total time on the books" of institutions.

The average length of hospital stay of patients admitted but once was 3.27 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 8.91 years.

Where the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 9.68 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 10.27 years. As we note the length of stay for the last admission in the case of five and six admissions we observe a decrease in the length of the last hospital stay during which death occurred. Patients having seven admissions showed a considerable increase in the net duration of hospital residence during the last admission, 33.0 years, although but one case was considered here. Patients having eight or more admissions showed a duration of hospital residence of .20 years, 5.84 years, and 3.50 years, respectively.

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence occurs among the cases admitted to the hospital eight times, or, excluding this number as it contained only one case, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest stay for the last admission is noted in the cases dying during the seventh of seven admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 10.47 years. For cases admitted three times, the average length of hospital residence was 12.85 years. For patients admitted four times, the average length of stay was 13.69 years.

The longest average stay is again observed in cases admitted seven times with an average hospital residence of 33.00 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate for the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1932

Table 64 gives the average length of hospital stay during all admissions, in accordance with the number of times admitted. We note that the average length of stay during each admission for patients with two admissions is 5.23 years. For patients having three admissions, the average length of stay is 4.28 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 3.42 years. In the case of five admissions, the patient remained an average of 2.48 years for each of the five admissions. There is a tendency for the average length of hospital residence for each admission to decrease as the number of times admitted increases.

TABLE 64. — *Average Net Duration of Hospital Stay during Each Admission, All Readmissions Dying during 1932.*

NUMBER OF TIMES ADMITTED	AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS— ALL ADMISSIONS	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS FOR EACH TIME ADMITTED
Two	10.47	5.23
Three	12.85	4.28
Four	13.69	3.42
Five	12.42	2.48
Six	12.93	2.15
Seven	33.00	4.71
Eight	1.50	.18
Nine	10.33	1.14
Ten or more	14.25	1.42

AVERAGE TIME SPENT WITHIN INSTITUTIONS OF COMMITTED PATIENTS WHO DIED DURING 1932, BY HOSPITAL

Table 65 shows the average time on the books, the average time spent out and the net time spent within the institution during the present admission of committed patients who died during 1932.

The longest average time spent on the books is observed at Bridgewater, Grafton, Monson, Tewksbury and Medfield State Hospitals, respectively. The shortest

average time is spent at the Boston Psychopathic, Metropolitan State Hospital, U. S. Veterans' Hospital No. 107, Danvers, U. S. Veterans' Hospital No. 95 and the Northampton State Hospital. The average time on the books for all hospitals is six years and two weeks.

TABLE 65. — *Total Time on Books, Total Time Out, and Net Time Spent Within Institutions during This Admission of Committed Patients who Died during 1932 by Hospital and Sex.*

HOSPITALS	COMMITTED PATIENTS DYING DURING 1932								
	AVERAGE TIME ON BOOKS			AVERAGE TIME OUT ON VISIT, ETC.			NET TIME WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	3.69	4.27	3.97	.03	.14	.08	3.66	4.13	3.89
Boston Psychopathic . . .	.15	.14	.14	—	—	—	.15	.14	.14
Danvers	3.01	4.45	3.71	.05	.20	.12	2.96	4.25	3.59
Foxborough	4.74	3.73	4.20	.001	.04	.02	4.73	3.69	4.18
Gardner	11.53	6.95	9.08	.01	.60	.32	11.52	6.35	8.76
Grafton	13.58	13.60	13.59	.03	.09	.06	13.55	13.51	13.53
Medfield	11.60	10.08	10.68	.01	.05	.04	11.59	10.03	10.64
Metropolitan	1.01	1.36	1.23	—	.10	.06	1.01	1.26	1.17
Northampton	3.24	4.54	3.81	.07	.07	.07	3.17	4.47	3.74
Taunton	5.52	3.92	4.72	.01	.33	.17	5.51	3.59	4.55
Westborough	4.79	6.02	5.44	.07	.28	.18	4.72	5.74	5.26
Worcester	3.91	4.64	4.23	.06	.14	.09	3.85	4.50	4.14
Monson	13.19	10.00	12.07	.04	.06	.05	13.15	9.94	12.02
McLean	1.90	7.10	4.50	—	—	—	1.90	7.10	4.50
Bridgewater	19.95	—	19.95	—	—	—	19.95	—	19.95
Tewksbury	6.32	19.00	11.47	.03	.19	.10	6.29	18.81	11.37
U. S. Veterans' No. 107 . .	2.75	—	2.75	—	—	—	2.75	—	2.75
U. S. Veterans' No. 95 . .	3.78	—	3.78	—	—	—	3.78	—	3.78
Total	5.54	6.56	6.03	.04	.18	.11	5.50	6.38	5.92

The longest average time spent out on visit, etc., of committed patients who died in 1932 is observed at the Gardner State Colony, three months. This is followed by the Westborough State Hospital, with an average of one and a half months spent out. In considering all hospitals, the average time out is approximately one month. It will be observed that the average time out for both sexes differs, the males showing an average time out of approximately three weeks, and the females, about one and one half months.

The longest average net time actually spent within the institution is observed at Bridgewater, with nineteen years and eleven months. Patients at Grafton had an average residence of thirteen and a half years; patients at Monson, a little over twelve years; and patients at Tewksbury, eleven years and four months.

The shortest average length of residence of committed patients who died during 1932 is observed at the Psychopathic Hospital, one month. This is followed by Metropolitan State Hospital, one year and one month; U. S. Veterans' Hospital No. 107, two years and eight months; Danvers, three years and six months; and Northampton, three years and nine months.

The average net time spent within the institution for all hospitals is approximately five years and eleven months, the females averaging approximately ten months longer than the males.

AVERAGE AGE AT DEATH OF COMMITTED PATIENTS DYING DURING 1932

The highest average ages at death are observed in senile psychoses, 77.5 years; psychoses with cerebral arteriosclerosis, 71.9 years; traumatic psychoses, 67.5 years; paranoia or paranoid conditions, 66.1 years; and alcoholic psychoses, 64.9 years (Table 66). The lowest average ages at death are noted as occurring in cases without psychoses, 34.5 years; psychoses due to drugs, 42.5 years; psychoses with psychopathic personality, 45.8 years; and psychoneuroses and neuroses, 46.2 years. The average age for all deaths combined was 63.0 years, the males showing an average age of 62.1 years, and females 63.9 years.

TABLE 66. — *Average Age at Death of Committed Patients Dying during 1932, by Psychoses.*

PSYCHOSES	NUMBER			AVERAGE AGE IN YEARS AT DEATH		
	M.	F.	T.	M.	F.	T.
Traumatic	6	—	6	67.5	—	67.5
Senile	72	160	232	76.2	78.1	77.5
With cerebral arteriosclerosis	295	214	509	72.0	71.9	71.9
General paralysis	117	33	150	51.8	51.5	51.7
With cerebral syphilis	10	3	13	54.5	49.1	53.2
With Huntington's chorea	—	1	1	—	57.5	57.5
With brain tumor	2	1	3	55.0	72.5	60.8
With other brain or nervous diseases	21	21	42	46.3	48.9	47.6
Alcoholic	75	14	89	64.9	64.6	64.9
Due to drugs and other exogenous toxins	1	2	3	57.5	35.0	42.5
With pellagra	1	2	3	47.5	52.5	50.8
With other somatic diseases	21	34	55	56.5	57.3	57.0
Manic-depressive	46	62	108	57.6	54.3	55.7
Involution melancholia	12	29	41	60.0	57.5	58.2
Dementia praecox	122	187	309	51.1	57.5	55.0
Paranoia or paranoid conditions	11	19	30	67.0	65.6	66.1
Epileptic psychoses	19	19	38	55.1	47.7	51.4
Psychoneuroses and neuroses	2	2	4	32.5	60.0	46.2
With psychopathic personality	1	2	3	62.5	37.5	45.8
With mental deficiency	31	15	46	51.3	44.5	49.1
Undiagnosed psychoses	12	10	22	62.5	55.0	59.0
Without psychoses	14	8	22	36.5	30.8	34.5
All clinical groups	891	838	1,729	62.1	63.9	63.0

If we consider only the psychoses which are of importance numerically, we see that the most significant differences between the sexes are observed in the epileptic psychoses where we note that the females have an average age at death of nearly 8 years lower than that of the males (males 55.1 years, females 47.7 years). In cases with mental deficiency and in the undiagnosed psychoses, there is a difference of seven years, the males again showing the highest average age at death in each instance. In dementia praecox, however, we observe that the males tend to have a lower average age at death (males 51.1 years, females 57.5 years).

TABLE 67. — *Average Age at Death of Committed Patients Dying during the Year Ended September 30, 1932, by Hospital.*

HOSPITALS	NUMBER OF DEATHS			AVERAGE AGE AT DEATH		
	M.	F.	T.	M.	F.	T.
Boston State	171	163	334	63.2	65.8	64.5
Boston Psychopathic	8	8	16	43.1	49.3	46.2
Danvers	143	135	278	63.1	64.0	63.6
Foxborough	36	41	77	61.3	61.7	61.5
Gardner	33	38	71	64.1	64.8	64.5
Grafton	27	31	58	62.3	60.8	61.5
Medfield	55	84	139	59.7	63.7	62.1
Metropolitan	3	5	8	54.1	45.5	48.7
Northampton	56	44	100	64.8	65.2	65.0
Taunton	82	81	163	63.5	63.6	63.5
Westborough	76	84	160	65.8	65.3	65.6
Worcester	123	99	222	63.0	63.5	63.2
Monson	13	7	20	33.4	29.9	32.2
McLean	5	5	10	73.5	68.6	71.0
Bridgewater	24	—	24	60.6	—	60.6
Tewksbury	19	13	32	61.7	72.9	66.2
U. S. Veterans' No. 107	11	—	11	42.0	—	42.0
U. S. Veterans' No. 95	6	—	6	38.3	—	38.3
All Hospitals	891	838	1,729	62.1	63.9	63.0

AVERAGE AGE AT DEATH, BY HOSPITAL

Table 67 shows the average age at death by the individual hospitals under the supervision of the Department of Mental Diseases. The highest age at death is

observed at the McLean Hospital, 71.0 years, with Tewksbury and Westborough next in order, with 66.2 years and 65.6 years, respectively. The next highest age at death is at Northampton State Hospital, 65.0 years, followed by Boston State and Gardner, 64.5 years each.

The lowest average age at death is observed at Monson State Hospital with 32.2 years; the U. S. Veterans' Hospital No. 95 with 38.3 years, and the U. S. Veterans' Hospital No. 107, 42.0 years. It will be observed that the average age at death for females is 1.8 years higher than that of the males (62.1 years for males and 63.9 years for females).

Section E. Resident Population of Mental Hospitals on September 30, 1932

In previous sections we have discussed admissions, readmissions, discharges and deaths for the the year 1932. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1932. On that date there were 22,237 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, U. S. Veterans' Hospitals No. 95 and No. 107, and McLean Hospital. Eleven thousand, three hundred and seventy of these were males, and 10,867 were females.

In the following discussion concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

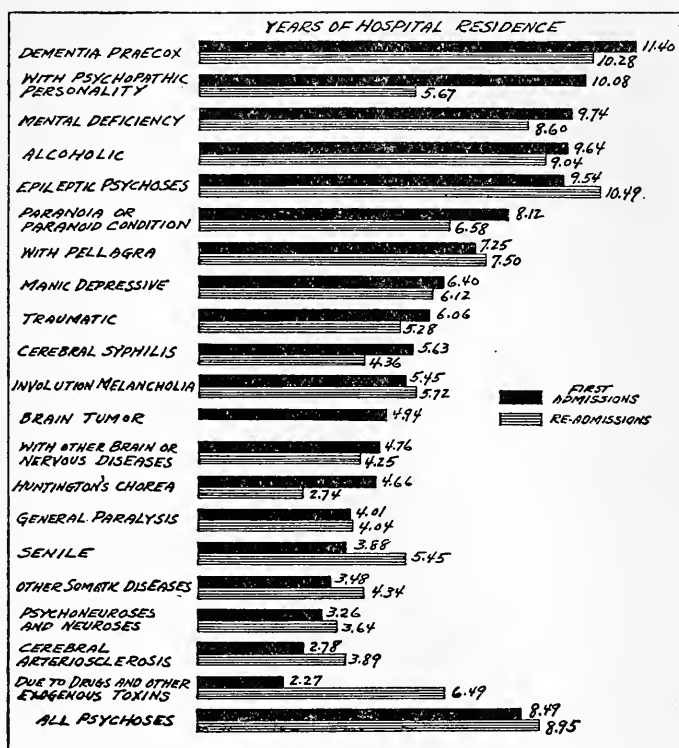
TABLE 68. — *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in Residence on September 30, 1932, by Psychoses.*¹

PSYCHOSES	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS								
	TOTAL CASES IN RESIDENCE			FIRST ADMISSION CASES			READMISSION CASES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	5.54	6.50	5.66	6.46	4.67	6.06	4.83	17.50	5.28
Senile	3.88	4.34	4.19	3.48	4.09	3.88	6.01	5.26	5.45
With cerebral arteriosclerosis	2.79	3.16	2.98	2.60	2.96	2.78	3.34	4.43	3.89
General paralysis	3.72	5.12	4.02	3.59	5.17	4.01	3.82	5.05	4.04
With cerebral syphilis	3.76	7.51	4.85	3.57	9.38	5.63	3.87	5.85	4.36
With Huntington's chorea	5.30	2.46	3.95	5.75	2.50	4.66	3.50	2.44	2.74
With brain tumor	1.16	12.50	4.94	1.16	12.50	4.94	—	—	—
With other brain or nervous diseases	4.43	4.56	4.48	4.91	4.56	4.76	4.07	4.55	4.25
Alcoholic	9.21	9.81	9.31	9.63	9.71	9.64	8.85	9.86	9.04
Due to drugs and other exogenous toxins	5.07	4.90	4.97	.27	2.84	2.27	6.28	6.71	6.49
With pellagra	7.50	7.25	7.30	7.50	7.16	7.25	—	7.50	7.50
With other somatic diseases	4.16	3.67	3.87	2.90	3.88	3.48	5.71	3.41	4.34
Manic-depressive	5.30	6.78	6.20	5.15	7.16	6.40	5.35	6.63	6.12
Involution melancholia	3.93	6.32	5.56	4.23	6.08	5.45	3.40	6.62	5.72
Dementia praecox	10.61	10.61	10.61	12.34	10.40	11.40	9.87	10.69	10.28
Paranoia and paranoid conditions	6.81	7.57	7.30	6.28	9.15	8.12	7.11	6.72	6.58
Epileptic psychoses	9.18	10.98	10.11	8.08	10.76	9.54	9.84	11.14	10.49
Psychoneuroses and neuroses	2.95	3.82	3.51	2.99	3.42	3.26	2.94	4.05	3.64
With psychopathic personality	7.68	6.87	7.32	11.29	8.91	10.08	5.90	5.32	5.67
With mental deficiency	9.39	8.55	8.98	10.74	8.59	9.74	8.66	8.53	8.60
Undiagnosed psychoses	1.76	1.63	1.72	1.94	1.83	1.87	1.71	.04	1.61
Without psychoses	6.84	7.22	7.01	6.20	7.70	6.87	7.75	6.53	7.21
All clinical groups	8.68	8.88	8.78	8.81	8.14	8.49	8.60	9.30	8.95

¹This table considers only the length of time spent in hospitals during the *present* admission.

**AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS
IN RESIDENCE SEPTEMBER 30, 1932**

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 10.61 years (Table 68 and Graph 5). Next in order are epileptic psychoses, 10.11 years; alcoholic, 9.31 years; and psychoses with mental deficiency, 8.98 years. Probably it is no coincidence that these same psychoses tend to show the longest terms of residence during each statistical year. The shortest average periods of residence are observed in the undiagnosed psychoses, 1.72 years; psychoses with cerebral arteriosclerosis, 2.98 years; psychoneuroses and neuroses, 3.51 years; and psychoses with other somatic diseases, 3.87 years. The average length of stay for all psychoses is 8.78 years. It will be noted that the females have a slightly longer average residence than the males, insofar as they have remained 8.88 years as compared with 8.68 years for the males, a difference of two months.



GRAPH 5.—AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1932, BY PSYCHOSES.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.49 years. There is a noticeable sex difference here, however, in that the males have remained considerably longer than the females, or 8.81 years for males and 8.14 years for females. Patients with dementia praecox have the longest hospital stay, 10.40 years, followed by psychoses with psychopathic personality, 10.08 years, and psychoses with mental deficiency, 9.74 years. The shortest average periods of hospital residence are observed in undiagnosed psychoses, 1.87 years; psychoses due to drugs, 2.27 years; psychoses with cerebral arteriosclerosis, 2.78 years; and psychoneuroses and neuroses, 3.26 years.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous ad-

missions, but concerns the length of residence during this admission only. In considering the total time spent in the hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 8.95 years, or .46 years longer than the average stay of first admissions in residence. The females have a tendency to remain longer than the males, an average of 9.30 years as compared with 8.60 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remained a longer time.

AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE
ON SEPTEMBER 30, 1932, BY AGE AT ADMISSION

Table 69 and Graph 6 give the average length of stay of all first and readmissions in the resident population by age at admission. First admissions in the resident group who were admitted under the age of 15 years have remained in the institution an average of 4.0 years, while readmissions in the resident group remained an average of 5.7 years. First admissions and readmissions admitted in the age group 15-19 years have remained an average of 9.2 and 9.3 years, respectively. Those admitted between 20 and 24 years remained an average of 10.8 and 10.2 years, respectively.

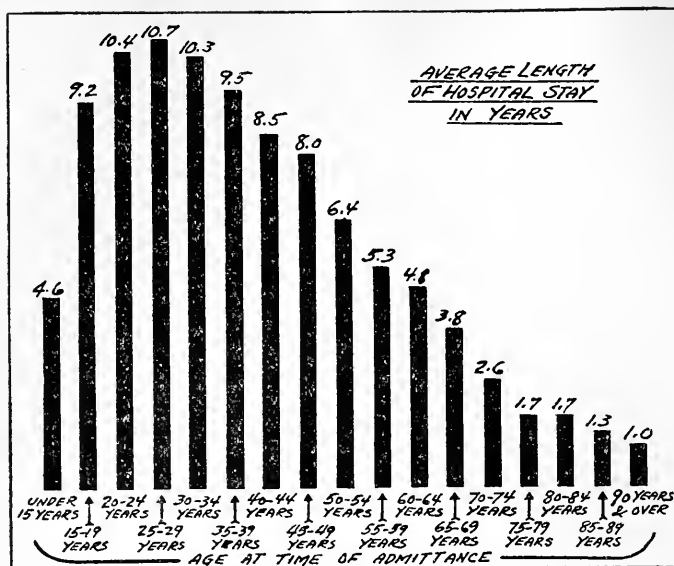
TABLE 69. — *Average Length of Hospital Stay of First Admissions and Readmissions in Residence on September 30, 1932, by Age at Admission.*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	ALL ADMISSIONS	FIRST ADMISSIONS	READMISSIONS
Under 15 years	4.6	4.0	5.7
15-19 years	9.2	9.2	9.3
20-24 years	10.4	10.8	10.2
25-29 years	10.7	11.3	10.4
30-34 years	10.3	10.8	10.1
35-39 years	9.5	9.7	9.4
40-44 years	8.5	9.0	8.4
45-49 years	8.0	8.0	8.0
50-54 years	6.4	6.3	6.5
55-59 years	5.3	5.3	5.3
60-64 years	4.8	4.1	5.5
65-69 years	3.8	3.3	4.3
70-74 years	2.6	2.1	3.8
75-79 years	1.7	1.6	2.1
80-84 years	1.7	1.7	1.9
85-89 years	1.3	1.3	—
90 years and over	1.0	1.0	1.0

With the exception of the age groups between 20 and 44 years, it will be observed that the average length of residence for each age group is greater for readmissions in residence than for first admissions. This difference varies throughout the different age groups, averaging one year longer for the readmissions in the age groups 60 years and over.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS,
ALL READMITTED CASES IN RESIDENCE

Table 70 reveals the average time that the readmitted cases in residence spent on the books, the average time spent out on visit, and the average net time spent within institutions during all previous admissions. In noting the total for the time on the books of all psychoses combined, we see that the males remained 4.22 years, the females 4.72 years, and both sexes together a total of 4.47 years. The males remained out of institutions an average of .42 years, the females, .50 years, and both sexes, .45 years. This gives a net time within the institutions of 3.80 years for males, 4.22 years for females, and 4.02 years for both sexes. During their previous admissions these readmitted cases spent approximately 90 per cent of their total time within the institutions. The above averages on length of time are somewhat larger than the averages for the past three years. In 1929 the average net time in residence for both sexes was 3.34 as compared with 3.35 for 1930, 3.93 for 1931, and 4.02 for 1932.



GRAPH 6. — AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1932, BY AGE AT ADMISSION.

TABLE 70. — Average Time on Books, Average Time Out and Average Time Within Institutions during All Previous Admissions, All Readmitted Cases in Residence on September 30, 1932, by Psychoses.

PSYCHOSES	AVERAGE TIME IN YEARS								
	ON BOOKS OF INSTITUTION			SPENT OUT OF INSTITUTION			NET TIME WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1.69	1.50	1.68	.33	.50	.33	1.36	1.00	1.35
Senile	1.66	1.93	1.86	.19	.29	.27	1.47	1.64	1.59
With cerebral arteriosclerosis	1.34	1.73	1.54	.33	.60	.47	1.01	1.13	1.07
General paralysis	1.35	1.60	1.40	.26	.31	.27	1.09	1.29	1.13
With cerebral syphilis	1.90	3.42	2.28	.31	.26	.30	1.59	3.16	1.98
With Huntington's chorea	1.17	.98	1.03	.75	.30	.43	.42	.68	.60
With brain tumor	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1.53	1.32	1.45	.24	.76	.43	1.29	.56	1.02
Alcoholic	3.80	4.75	3.90	.36	.35	.36	3.44	4.40	3.54
Due to drugs and other exogenous toxins	2.41	5.38	3.90	.65	.19	.42	1.76	5.19	3.48
With pellagra	—	7.50	7.50	—	—	—	—	7.50	7.50
With other somatic diseases	2.12	.61	1.22	.17	.14	.15	1.95	.47	1.07
Manic-depressive	2.94	3.71	3.40	.78	.99	.91	2.16	2.72	2.49
Involution melancholia	2.48	1.76	1.96	.37	.39	.38	2.11	1.37	1.58
Dementia praecox	4.63	5.26	4.95	.34	.44	.39	4.29	4.82	4.56
Paranoia or paranoid conditions	3.19	2.17	2.52	.50	.35	.40	2.69	1.82	2.12
Epileptic psychoses	3.40	3.85	3.62	.52	.39	.46	2.88	3.46	3.16
Psychoneuroses and neuroses	1.29	2.17	1.84	.18	.55	.41	1.11	1.62	1.43
With psychopathic personality	3.38	3.97	3.62	.43	.57	.48	2.85	3.40	3.14
With mental deficiency	6.77	6.77	6.77	.57	.46	.52	6.20	6.31	6.25
Undiagnosed psychoses	2.89	.21	2.72	.31	—	.29	2.58	.21	2.43
Without psychoses	5.19	5.34	5.26	.82	.75	.79	4.37	4.59	4.47
All clinical groups	4.22	4.72	4.47	.42	.50	.45	3.80	4.22	4.02

Considering the numerically important psychoses, the longest average time on the books of institutions occurs in patients having psychoses with mental deficiency, 6.77 years; cases without psychoses, 5.26 years; dementia praecox, 4.95 years; and alcoholic psychoses, and psychoses due to drugs, 3.90 years each.

Considering the time that these patients spent actually within the institution, and again disregarding the numerically unimportant psychoses, we observe that

the longest net hospital residence occurred in psychoses with mental deficiency, 6.25 years. The next in order were dementia praecox, 4.56 years; without psychoses, 4.47 years; alcoholic psychoses, 3.54 years; and psychoses due to drugs, 3.48 years. Recalling that the average of 4.02 years is a total for all *previous* admissions, we might say that the average appears to be lower than would be expected, particularly if we consider the time which these readmitted and in residence cases have spent in the institution during their *present* admission, 8.95 years (see Table 68). This table gives a good picture of the type of case which is readmitted and tends to remain in residence within our institutions. It also gives some indication of the length of stay during early hospital residences for the various psychoses.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS,
AND PRESENT ADMISSION: ALL READMITTED CASES IN RESIDENCE

In Table 71 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 12.97 years. An average of 8.95 years, or 69.0 per cent of the total hospital residence has been spent in hospitals during the *present* admission, and 4.02 years, or 31.0 per cent of the total hospital residence was spent in hospitals during *previous* admissions. This finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

TABLE 71. — *Average Length of Hospital Stay during Previous Admissions and Present Admission; All Readmitted Cases in Residence, 1932, by Psychoses.*

PSYCHOSES	AVERAGE TIME IN YEARS								
	TIME IN INSTITUTION DURING PREVIOUS ADMISSIONS			TIME IN INSTITUTION DURING PRESENT ADMISSION			TIME IN INSTITUTION DURING ALL ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1.36	1.00	1.35	4.83	17.50	5.28	6.19	18.50	6.63
Senile	1.47	1.64	1.59	6.01	5.26	5.45	7.48	6.90	7.04
With cerebral arteriosclerosis	1.01	1.13	1.07	3.34	4.43	3.89	4.35	5.56	4.96
General paralysis	1.09	1.29	1.13	3.46	5.05	3.73	4.55	6.34	4.86
With cerebral syphilis	1.59	3.16	1.98	3.87	5.85	4.36	5.46	9.01	6.34
With Huntington's chorea . . . . .	.42	.68	.60	3.50	2.44	2.74	3.92	3.12	3.34
With brain tumor	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1.29	.56	1.02	4.07	4.55	4.25	5.36	5.11	5.27
Alcoholic	3.44	4.40	3.54	8.85	14.24	9.84	12.29	18.64	13.38
Due to drugs and other exogenous toxins	1.76	5.19	3.48	6.28	6.71	6.49	8.04	11.90	9.97
With pellagra	—	7.50	7.50	—	7.50	7.50	—	15.00	15.00
With other somatic diseases	1.95	.47	1.07	5.71	3.41	4.34	7.66	3.88	5.41
Manic-depressive	2.16	2.72	2.49	5.35	6.63	6.12	7.51	9.35	8.61
Involuntary melancholia	2.11	1.37	1.58	3.40	6.62	5.72	5.51	7.99	7.30
Dementia praecox	4.29	4.82	4.56	9.87	10.69	10.28	14.16	15.51	14.84
Paranoia or paranoid conditions	2.69	1.82	2.12	7.11	6.72	6.58	9.80	8.54	8.70
Epileptic psychoses	2.88	3.46	3.16	9.84	11.14	10.49	12.72	14.60	13.65
Psychoneuroses and neuroses	1.11	1.62	1.43	2.94	4.05	3.64	4.05	5.67	5.07
With psychopathic personality	2.85	3.40	3.14	5.90	5.32	5.67	8.75	8.72	8.81
With mental deficiency	6.20	6.31	6.25	8.66	8.53	8.60	14.86	14.84	14.85
Undiagnosed psychoses	2.58	.21	2.43	1.71	.04	1.61	4.29	.25	4.04
Without psychoses	4.37	4.59	4.47	7.75	6.53	7.21	12.12	11.12	11.68
All clinical groups	3.80	4.22	4.02	8.60	9.30	8.95	12.40	13.52	12.97

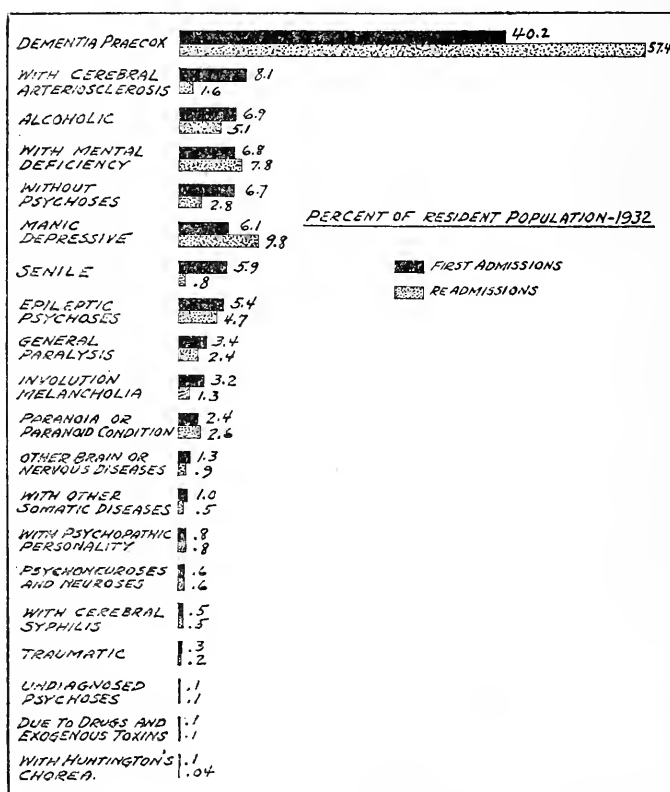
In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: epileptic psychoses, 10.49 years; dementia praecox, 10.28 years; alcoholic psychoses, 9.84 years; psychoses with mental deficiency, 8.60 years; and cases without psychoses, 7.21 years. The psychoses with cerebral arteriosclerosis, 3.89 years; general

paralysis, 3.73 years; psychoneuroses and neuroses, 3.64 years; psychoses with Huntington's chorea, 2.74 years; and undiagnosed psychoses, 1.61 years; remained the shortest time during the present admission. A very slight sex difference is observed in that the females have been in residence two-thirds of a year longer, on the average, than the males; that is, 9.30 years as compared with 8.60 years.

In considering these readmissions in the light of the total time within institutions during all admissions, we observe that the longest period of hospital residence during all admissions, with the exception of cases with pellagra, occurs in psychoses with mental deficiency, 14.85 years. The other psychoses in order of frequency are: dementia praecox, 14.84 years; epileptic psychoses, 13.65 years; and alcoholic psychoses, 13.38 years. The psychoses showing the shortest total average length of stay are: psychoneuroses and neuroses, 5.07 years; psychoses with cerebral arteriosclerosis, 4.96 years; general paralysis, 4.86 years; undiagnosed psychoses, 4.04 years; and Huntington's chorea, 3.34 years. In this group we observe a tendency for the female readmissions to average 1.12 years longer in institutions than males, or 13.52 years as compared with 12.40 years.

PSYCHOSES OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE,
SEPTEMBER 30, 1932

Table 72 and Graph 7 give the number and percentage distribution of the psychoses in all first admissions and readmissions in residence in mental hospitals on September 30, 1932. This table shows quite definitely the psychoses which are tending to remain within the institutions among the first admissions. Among the readmissions it also reveals what readmitted psychoses tend to remain in institutions.



GRAPH 7. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1932, BY PSYCHOSES; PERCENTAGE DISTRIBUTION.

TABLE 72. — *First Admissions and Readmissions in Residence on September 30, 1932, by Psychoses; Percentage Distribution.*

PSYCHOSES	TOTAL IN RESIDENCE						FIRST ADMISSIONS IN RESIDENCE						READMISSIONS IN RESIDENCE					
	NUMBER			PER CENT			NUMBER			PER CENT			NUMBER			PER CENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	7	55	4	.06	.2	21	6	27	.5	.2	.3	27	1	28	.4	.01	.2
Senile	196	407	603	1.7	3.7	2.7	165	319	484	3.9	8.1	5.9	31	88	119	.4	1.2	.8
With cerebral arteriosclerosis	441	442	883	3.9	4.1	4.0	332	330	662	7.8	8.3	8.1	109	112	221	1.5	1.6	1.6
General paralysis	481	132	613	4.3	1.2	2.8	208	75	283	4.9	1.9	3.4	273	57	330	3.8	.8	2.4
With cerebral syphilis	83	34	117	4.7	.3	.5	29	16	45	7	.4	.5	54	18	72	.8	.3	.5
With Huntington's chorea	10	9	19	.08	.08	.08	8	4	12	.2	.1	.1	2	5	7	.02	.07	.04
With brain tumor	2	1	3	.01	.01	.01	2	1	3	.04	.02	.03	—	—	—	—	—	—
With other brain or nervous diseases	140	94	234	1.2	.9	1.1	60	48	108	1.4	1.2	1.3	80	46	126	1.1	.7	.9
Alcoholic	1,084	206	1,290	9.5	1.9	5.8	497	74	571	11.6	1.9	6.9	587	132	719	8.3	1.9	5.1
Due to drugs and other exogenous toxins	10	15	25	.08	.1	.1	2	7	9	.04	.2	.1	8	8	16	.1	.1	.1
With pellagra	1	4	5	.008	.03	.02	1	3	4	.02	.07	.04	—	1	1	—	.01	.007
With other somatic diseases	60	88	148	.5	.8	.7	33	48	81	.8	1.2	1.0	27	40	67	.4	.6	.5
Manic-depressive	732	1,143	1,875	6.4	10.5	8.4	190	315	505	4.4	8.0	6.1	542	828	1,370	7.6	12.0	9.8
Involution melancholia	137	295	432	1.2	2.7	1.9	87	166	253	2.0	4.2	3.2	59	129	179	.7	1.9	1.3
Dementia praecox	5,673	5,678	11,351	49.9	52.2	51.1	1,707	1,598	3,305	40.0	40.4	40.2	3,966	4,080	8,046	55.9	59.0	57.4
Paranoia or paranoid conditions	197	363	560	1.7	3.3	2.5	71	127	198	1.7	3.2	2.4	126	236	362	1.8	3.4	2.6
Epileptic psychoses	525	560	1,085	4.7	5.2	4.9	197	235	432	4.6	5.9	5.4	328	325	653	4.4	4.7	4.7
Psychoneuroses and neuroses	48	83	131	.4	.8	.6	17	30	47	.4	.8	.6	31	53	84	.4	.8	.6
With psychopathic personality	103	81	184	1.0	.8	.8	34	35	69	.8	.9	.8	69	46	115	1.0	.7	.8
With mental deficiency	856	796	1,652	7.5	7.3	7.4	298	262	560	7.0	6.6	6.8	558	534	1,092	7.9	7.7	7.8
Undiagnosed psychoses	19	9	28	.2	.08	.1	4	8	12	.09	.2	.1	15	1	16	.2	.01	.1
Without psychoses	522	420	942	4.6	3.9	4.2	306	246	552	7.1	6.2	6.7	216	174	390	3.0	2.5	2.8
Diagnosis deferred	2	—	2	.01	—	.008	2	—	2	.04	—	.02	—	—	—	—	—	—
All clinical groups	11,370	10,867	22,237	100.0	100.0	100.0	4,271	3,953	8,224	100.0	100.0	100.0	7,099	6,914	14,013	100.0	100.0	100.0

In the *first admissions* in residence, the psychoses occurring with the greatest frequency are: dementia praecox, 40.2 per cent; psychoses with cerebral arteriosclerosis, 8.1 per cent; alcoholic psychoses, 6.9 per cent; psychoses with mental deficiency, 6.8 per cent; and cases without psychoses, 6.7 per cent. The psychoses presenting the lowest proportions in the first admissions in residence are found in psychoses with brain tumor, psychoses with pellagra, psychoses with Huntington's chorea, psychoses due to drugs, and the undiagnosed psychoses.

In studying the *readmissions* in residence, we note some changes in this order of frequency. Dementia praecox still heads the list with 57.4 per cent, with manic-depressive psychoses second in order with 9.8 per cent. The other psychoses in order of frequency are: psychoses with mental deficiency, 7.8 per cent; alcoholic psychoses, 5.1 per cent; and epileptic psychoses, 4.7 per cent. We note that the proportion of cases with dementia praecox is 17.2 per cent higher among the resident readmissions than in the resident first admissions. Other psychoses showing a proportional increase among the readmissions are: manic-depressive psychoses (3.7 per cent excess) and psychoses with mental deficiency, (1.0 per cent excess). The majority of the psychoses show a relative deficiency in the readmissions which is balanced by the tremendous excess observed in the cases of dementia praecox.

FIRST ADMISSIONS AND READMISSIONS DURING 1932, COMPARED WITH FIRST ADMISSIONS AND READMISSIONS IN THE RESIDENT POPULATION

Table 73 gives the percentage distribution of the psychoses in first admissions and readmissions during the year 1932, and compares this with the percentage distribution of the psychoses in first admissions and readmissions in the resident population on September 30, 1932. In this table we may take the first admissions and the readmissions for 1932 as a sample of the distribution of the various psychoses admitted to our institutions during any one year. There are slight deviations from year to year in this, but the percentage differences are not large. That is, the psychoses presented in these first admissions and readmissions are more or less typical of the group of patients coming into our institutions year after year. As we compare the percentage distribution of psychoses in the resident population, we may then determine the particular psychoses which have a tendency to be retained within the institutions and, inversely, those which show a tendency to leave the institutions either by death or discharge.

TABLE 73. — *First Admissions and Readmissions, 1932; and First Admissions and Readmissions in the Resident Population September 30, 1932, by Certain Psychoses; Percentage Distribution.*

PSYCHOSES	FIRST ADMISSIONS ¹ 1932	READ- MISSIONS ¹ 1932	RESIDENT POPULATION SEPTEMBER 30, 1932	
			FIRST ADMISSIONS	READ- MISSIONS
Senile	6.9	2.1	5.9	.8
With cerebral arteriosclerosis	19.3	5.4	8.1	1.6
General paralysis	6.6	3.5	3.4	2.4
Alcoholic	6.6	6.0	6.9	5.1
With other somatic diseases	3.4	.8	1.0	.5
Manic-depressive	13.4	31.7	6.1	9.8
Involution melancholia	3.1	1.9	3.2	1.3
Dementia praecox	21.8	32.8	40.2	57.4
Paranoia or paranoid conditions	2.8	3.2	2.4	2.6
Epileptic psychoses	1.3	.9	5.4	4.7
With mental deficiency	4.5	4.3	6.8	7.8
Without psychoses	1.6	1.1	6.7	2.8
All other psychoses	8.7	6.3	3.9	3.2
Total	100.0	100.0	100.0	100.0

¹Includes first admissions and readmissions by regular court commitment.

As we have divided the resident population into first admissions and readmissions, and calculated the percentage distribution of psychoses for each of these groups,

it now becomes possible to compare the first admissions during 1932 with the first admissions in the resident population on September 30, 1932. In interpreting these results, we should recall that if a psychosis had a discharge rate (including deaths) which equalled its admission rate, the percentages in the first admissions for 1932 and in the first admissions of the resident population would tend to be the same. However, if the percentage for a certain psychosis in the first admissions of the resident population is less than the percentage for first admissions, 1932, we may say that the discharge rate for that particular psychosis is higher than the admission rate, and that these patients are leaving the institution at a more rapid rate than they are coming in. Again, if the percentage for a particular psychosis in the resident population first admissions is higher than that observed in the first admissions for 1932, we may say that the discharge rate for that psychosis is much lower than the admission rate and, therefore, there is a decided tendency for the retention of patients with this particular psychosis.

As we compare the percentage distributions for first admissions during 1932 with that of first admissions in the resident population at the end of the statistical year, we note that the percentages for specific psychoses in the resident group are lower in the following psychoses: senile psychoses, psychoses with cerebral arteriosclerosis, general paralysis, other somatic diseases, manic-depressive, and paranoia. That is, in reference to first admissions, we may say that these psychoses tend to have a higher discharge rate than admission rate, and no tendency toward retention within our institutions.

The percentages for specific psychoses of first admissions in the resident population are higher than the corresponding percentages in the first admissions during the year in the case of alcoholic psychoses, involution melancholia, dementia praecox, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. The above groups show a definite tendency to be retained within institutions.

We will now compare the psychoses of readmissions for the current year with those of the readmissions in residence at the end of the statistical year. We note again that the percentage distribution among the readmissions in residence is lower for certain psychoses than the percentage for the same psychoses in the readmissions during 1932. Psychoses falling in this class are: senile psychoses, cerebral arteriosclerosis, general paralysis, alcoholic psychoses, other somatic diseases, manic-depressive psychoses, involution melancholia, and paranoia. That is, considering the readmissions, we note again that there is a tendency for cases with the foregoing psychoses to leave the institutions (by discharge or death) and not to be retained within institutions. Again we note that the percentages for certain psychoses are higher among the resident readmissions than among the readmissions for 1932, indicating that there is a definite tendency for cases with these psychoses to be retained. The particular psychoses concerned are: dementia praecox, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. It will be observed that these are practically the same psychoses that showed a tendency to be retained among the first admissions in the resident population.

MONTH OF ADMISSION FOR ADMISSIONS, MONTH OF DISCHARGE AND MONTH OF DEATH DURING 1932, COMPARED WITH MONTH OF ADMISSION, ALL CASES IN RESIDENCE

Table 74 discusses the month of admission for all admissions, the month of discharge and month of death during the year 1932, and month of admission for all cases in residence on September 30, 1932. The months showing the greatest proportion of admissions for cases who entered hospitals during the year are May with 9.2 per cent, and June with 8.9 per cent. November with 7.9 per cent, and February with 6.8 per cent show the lowest proportion of admissions. In general we may say that the six-month period from March to August, inclusive, presents the largest number of admissions, and that the period from September to February presents the lowest number of admissions.

In considering the discharges for 1932, we note that the high months of discharge are May with 9.9 per cent, and June with 9.3 per cent. The low months are February with 6.8 per cent, and January with 7.2 per cent. Dividing the discharges

into half-year periods, we see that the greatest number of discharges occurred during the six-month period from April to September, inclusive, and the smallest number of discharges occurred between October and March, inclusive.

TABLE 74. — *Month of Admission for Admissions, Month of Discharge, Month of Death, and Month of Admission of All Cases in Residence September 30, 1932.*

MONTH	MONTH OF ADMISSION ALL ADMISSIONS, 1932 ¹		MONTH OF DISCHARGE ALL DISCHARGES, 1932 ¹		MONTH OF DEATH ALL DEATHS, 1932		MONTH OF AD- MISSION ALL CASES IN RESIDENCE, SEPTEMBER 30, 1932	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1931								
October	569	8.3	368	8.3	150	7.9	1,822	8.2
November	545	7.9	373	8.4	127	6.7	1,549	7.0
December	552	8.0	374	8.4	133	7.1	1,778	8.0
1932								
January	578	8.4	320	7.2	162	8.5	1,625	7.3
February	467	6.8	302	6.8	175	9.2	1,585	7.1
March	601	8.7	334	7.5	195	10.2	2,057	9.3
April	609	8.8	372	8.4	180	9.5	1,872	8.4
May	636	9.2	440	9.9	197	10.3	2,040	9.2
June	616	8.9	416	9.3	168	8.8	2,016	9.1
July	575	8.4	373	8.4	141	7.4	1,897	8.5
August	567	8.2	379	8.5	138	7.2	1,942	8.7
September	575	8.4	397	8.9	138	7.2	2,054	9.2
Total	6,890	100.0	4,448	100.0	1,904	100.0	22,237	100.0

¹Does not include transfers.

The largest number of patients dying occurred during the month of May with 10.3 per cent, while the smallest number died in November with 6.7 per cent. Among the deaths there is a period of five months, namely February to June, inclusive, in which the largest number of deaths occurred. The smallest number of deaths are observed in the three-month period October to December, inclusive.

The resident population presents March, May and September as the high months of admission with 9.3 per cent for March and 9.2 per cent for May and September, respectively. November is the low month with 7.0 per cent. It should be recalled that in the resident population we are dealing with the residual population after discharges and deaths have been subtracted from admissions. Here we note that the period presenting the highest proportion of admissions extends from March to September, inclusive. The period presenting the lowest proportion of admissions extends from October to February, inclusive.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

The total number of patients resident in mental hospitals on September 30, 1932, was 22,237. Fourteen thousand and thirteen of these resident cases, or approximately 63 per cent, were readmissions (Table 75). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. This fact reveals that the readmissions tend to be retained and contribute a larger proportion of the residual population of mental hospitals.

The average age at admission for all cases in the resident population is 40.5 years for both sexes: 39.0 for the males and 42.1 for the females. When we compared the first admissions for the year 1932 we found that the males averaged .9 years older than the females. In the resident population we observe that the sex difference in admission age is 3.1 years, the females being the older instead of the males.

The resident first admissions present 915 patients admitted between the ages 35-39 years. The admission age group 30-34 years is second with 868 patients. The age group 25-29 years is third with 863 admitted. We note a sharp reduction in the numbers admitted in the age group 40-44 years as compared with the age group 35-39 years. The average admission age for both sexes is 42.0 years: 40.3

years for the males and 43.8 years for the females. We see here a sex difference of 3.5 years, the females presenting a higher average age at admission.

TABLE 75. — *Admissions Ages of First Admissions and Readmissions in the Resident Population on September 30, 1932.*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years . . .	272	227	499	186	146	332	86	81	167
15-19 years . . .	468	375	843	224	175	399	244	200	444
20-24 years . . .	1,073	715	1,788	461	290	751	612	425	1,037
25-29 years . . .	1,513	1,066	2,579	510	353	863	1,003	713	1,716
30-34 years . . .	1,707	1,293	3,000	481	387	868	1,226	906	2,132
35-39 years . . .	1,589	1,456	3,045	490	425	915	1,099	1,031	2,130
40-44 years . . .	1,289	1,379	2,668	394	410	804	895	969	1,864
45-49 years . . .	998	1,244	2,242	350	386	736	648	858	1,506
50-54 years . . .	789	1,068	1,857	295	358	653	494	710	1,204
55-59 years . . .	610	736	1,346	223	265	488	387	471	858
60-64 years . . .	416	492	908	227	211	438	189	281	470
65-69 years . . .	295	348	643	159	186	345	136	162	298
70-74 years . . .	185	225	410	136	155	291	49	70	119
75-79 years . . .	108	143	251	87	117	204	21	26	47
80-84 years . . .	43	77	120	35	67	102	8	10	18
85-89 years . . .	14	20	34	13	19	32	1	1	2
90 years and over . . .	1	3	4	—	3	3	1	—	1
Total . . .	11,370	10,867	22,237	4,271	3,953	8,224	7,099	6,914	14,013
Average Admission Age	39.0	42.1	40.5	40.3	43.8	42.0	38.3	41.1	39.7

Among the readmissions we note that the modal admission age falls in the age group 30-34 years, or 5 years earlier than was observed in the first admissions in residence. The average admission age for both sexes for all readmissions is 39.7 years: for males 38.3 years, and for females 41.1 years. We notice here that the observed sex difference is 2.8 years. We note also that the average age at admission for readmissions (39.7 years) is 2.3 years less than the average age for first admissions in residence.

We have here an apparent inconsistency in that readmissions are admitted to the institutions with a lower average age than first admissions. This suggests that the readmissions are made up of cases developing a psychosis in the earlier ages and, consequently, the readmission ages are below average. At the same time it should be recalled that readmissions are made up of psychoses occurring in the younger age groups and are comparatively rare among the psychoses occurring in the older age groups. On the other hand, the first admissions are made up of psychoses occurring at all ages. In this group the death rate in the older age groups will be high and the possibility of readmission in the psychoses of the higher age groups is less. This in a certain measure may account for the higher age observed in first admissions as compared with readmissions.

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

Table 76 shows the *present* age distribution of first admissions and readmissions in the resident population of our mental hospitals on September 30, 1932. Here it will be observed that the average present age of all cases is 48.8 years, or eight years higher than the average age at admission, 40.5 years. The average present age of females is three years more than that of males, 50.5 years as against 47.2 years. However, the average age at admission was likewise three years later for females.

The average present age of first admissions in the resident population is 49.9 years, while that of the readmissions is 48.2 years. This table again confirms the data brought out by Table 75 in which we noted that readmissions are admitted to the institutions at a lower average age than first admissions.

AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE

The average age at admission of all patients in residence was 40.5 years; 39.0 years for the males and 42.1 years for the females (Table 77). The highest average

admission ages (with the exception of cases without psychoses, drug addiction), occurred in senile psychoses, 70.9 years; cerebral arteriosclerosis, 67.5 years; involution melancholia, 53.4 years; and pellagra, 51.0 years. The lowest average age at admission is observed in the group "without psychoses," epilepsy with mental deficiency, 21.8 years. Next in order follow without psychoses, epilepsy, 26.1 years; epileptic psychoses, 33.4 years; and without psychoses, mental deficiency, 33.8 years. The average admission age for dementia praecox was 37.0 years, and for manic-depressive psychoses, 45.0 years.

TABLE 76. — *Present Ages of First Admissions and Readmissions in the Resident Population on September 30, 1932.*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	145	109	254	117	77	194	28	32	60
15-19 years	172	163	335	85	93	178	87	70	157
20-24 years	409	323	732	201	141	342	208	182	390
25-29 years	688	470	1,158	262	172	434	426	298	724
30-34 years	1,005	735	1,740	308	247	555	697	488	1,185
35-39 years	1,450	1,055	2,505	409	332	741	1,041	723	1,764
40-44 years	1,444	1,156	2,600	401	394	795	1,043	762	1,805
45-49 years	1,333	1,265	2,598	446	397	843	887	868	1,755
50-54 years	1,257	1,238	2,495	487	376	863	770	862	1,632
55-59 years	1,077	1,223	2,300	407	386	793	670	837	1,507
60-64 years	826	1,061	1,887	368	387	755	458	674	1,132
65-69 years	669	836	1,505	304	312	616	365	524	889
70-74 years	490	590	1,080	238	262	500	252	328	580
75-79 years	276	382	658	152	213	365	124	169	293
80-84 years	91	175	266	56	104	160	35	71	106
85-89 years	31	69	100	25	46	71	6	23	29
90 years and over	7	17	24	5	14	19	2	3	5
Total	11,370	10,867	22,237	4,271	3,953	8,224	7,099	6,914	14,013
Average Present Age	47.2	50.5	48.8	48.5	51.4	49.9	46.5	50.1	48.2

In considering the *present* average age of these resident cases, the total for both sexes is 48.8 years: 47.1 years for the males, and 50.5 years for the females. The highest average present age (with the exception of cases without psychoses, drug addiction), occurs in senile psychoses, 74.4 years. Next in order are: psychoses with cerebral arteriosclerosis, 70.0 years; pellagra, 59.0 years; involution melancholia, 58.8 years; and paranoia, 56.5 years. The lowest average present ages are observed in the "without psychoses" group, being led by cases without psychoses, epilepsy with mental deficiency, 26.1 years. In order follow: without psychoses, epilepsy, 32.1 years; without psychoses, psychopathic personality, 36.5 years; and without psychoses, hysteria with mental deficiency, 40.0 years.

COMPARISON BETWEEN AVERAGE ADMISSION AGES OF FIRST COURT ADMISSIONS, 1932, AND RESIDENT POPULATION ON SEPTEMBER 30, 1932

Table 78 gives us the average admission age of the resident population on September 30, 1932, compared with average age of first admissions, 1932, by psychoses. Psychoses presenting the smaller numbers were omitted. We observe the interesting fact that the admission age for first admissions in the resident population, 42.0 years, is considerably lower than that of first admissions for the year 1932, 48.6 years. While this is true for the total, there are several psychoses which do not conform to this general trend.

For example, we observe in the alcoholic psychoses that the average age of first admissions was 46.9 years, and that the average age of first admissions in the resident population was 47.1 years. Other psychoses presenting this non-conforming trend are: manic-depressive psychoses, 42.0 years — 45.2 years; involution melancholia, 52.8 years—53.3 years; dementia praecox, 34.0 years—35.0 years; paranoia, 47.2 years—49.2 years; psychoses with psychopathic personality, 29.3 years—39.0 years; and psychoses with mental deficiency, 32.6 years—34.8 years.

In discussing this table, it must be recalled that the first admissions for any given year have three possibilities as to their outcome: They may be discharged,

they may die, or they may remain in residence. In attempting to reach a conclusion as to the younger average admission age of the resident population, the fact must be considered that the resident population is only the residue of the first admissions of former years. Otherwise, it would be a simple matter to generalize from this table and say that certain psychoses are being admitted at younger ages than they were in former years, while other psychoses are being admitted at older ages.

TABLE 77. — *Admission Age and Present Age of All Patients in Residence on September 30, 1932, by Psychoses.*

PSYCHOSES	NUMBER			AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	7	55	43.6	49.5	44.3	48.5	53.5	49.2
Senile	196	407	603	70.8	70.9	70.9	74.3	74.5	74.4
With cerebral arteriosclerosis	441	442	883	68.0	67.1	67.5	70.2	69.7	70.0
General paralysis	481	132	613	44.0	46.3	44.5	47.0	47.8	47.2
With cerebral syphilis	83	34	117	46.3	48.8	47.0	49.5	56.1	51.4
With Huntington's chorea	10	9	19	46.0	39.4	42.8	49.0	40.5	45.0
With brain tumor	2	1	3	50.0	25.0	41.6	50.0	35.0	45.0
With other brain or nervous diseases	140	94	234	37.7	39.3	38.3	41.5	42.8	42.0
Alcoholic	1,084	206	1,290	47.3	49.0	47.6	56.0	58.6	56.4
Due to drugs and other exogenous toxins	10	15	25	44.0	45.6	45.0	49.0	51.0	50.2
With pellagra	1	4	5	35.0	55.0	51.0	45.0	62.5	59.0
With other somatic diseases	60	88	148	48.6	44.1	46.0	51.5	46.6	48.6
Manic-depressive	732	1,143	1,875	46.0	44.4	45.0	50.9	50.5	50.7
Involution melancholia	137	295	432	56.3	52.0	53.4	60.0	58.2	58.8
Dementia praecox	5,673	5,678	11,351	34.5	39.4	37.0	44.7	49.7	47.2
Paranoia or paranoid conditions	197	363	560	47.8	50.3	49.4	54.7	57.4	56.5
Epileptic psychoses	525	560	1,085	33.4	33.4	33.4	41.1	43.1	42.2
Psychoneuroses and neuroses	48	83	131	40.5	39.6	39.9	42.5	42.9	42.8
With psychopathic personality	103	81	184	36.3	40.6	38.2	43.5	46.9	45.0
With mental deficiency	856	796	1,652	34.4	42.8	38.4	43.3	44.3	43.8
Undiagnosed psychoses	19	9	28	47.2	42.7	45.7	47.6	43.8	46.4
Without psychoses									
No associated condition	20	6	26	41.2	50.0	43.2	45.6	51.6	47.0
Epilepsy	31	48	79	25.1	26.7	26.1	25.7	36.2	32.1
Alcoholism	13	2	15	40.3	40.0	40.3	40.3	40.0	40.3
Drug addiction	—	1	1	—	75.0	75.0	—	85.0	85.0
Psychopathic personality	11	3	14	35.1	32.3	34.5	37.7	32.3	36.5
Mental deficiency	101	68	169	34.3	35.0	33.8	45.2	41.9	43.9
Other conditions	6	4	10	29.0	57.5	40.4	29.0	57.5	40.4
Epilepsy with mental deficiency	339	287	626	21.2	22.5	21.8	25.6	26.6	26.1
Hysteria with mental deficiency	1	1	2	35.0	45.0	40.0	35.0	45.0	40.0
Diagnosis deferred	2	—	2	45.0	—	45.0	45.0	—	45.0
All clinical groups	11,370	10,867	22,237	39.0	42.1	40.5	47.1	50.5	48.8

TABLE 78. — *Average Admission Ages of Resident Population September 30, 1932, Compared with Average Ages of First Admissions, 1932, by Certain Psychoses.*

PSYCHOSES	AVERAGE AGE AT ADMISSION IN YEARS	
	First Admissions in Residence, September 30, 1932	First Admissions 1932 ¹
Senile	71.6	75.5
With cerebral arteriosclerosis	68.5	69.4
General paralysis	44.7	45.8
With other brain or nervous diseases	38.8	42.6
Alcoholic	47.1	46.9
With other somatic diseases	48.6	49.9
Manic-depressive	45.2	42.0
Involution melancholia	53.3	52.8
Dementia praecox	35.0	34.0
Paranoia or paranoid conditions	49.2	47.2
Epileptic psychoses	33.0	33.9
With psychopathic personality	39.0	29.3
With mental deficiency	34.8	32.6
Without psychoses	24.3	34.3
All other psychoses	45.5	44.8
All clinical groups	42.0	48.6

¹First admissions by regular court commitment.

TABLE 79. — *Average Age at Admission, Average Age at Discharge and Average Age at Death of Committed Patients Compared with Average Age of the Resident Population September 30, 1932.*

HOSPITALS	AVERAGE ADMISSION AGE — FIRST ADMISSIONS, 1932			AVERAGE AGE OF CASES DISCHARGED DURING 1932			AVERAGE AGE OF CASES DYING DURING 1932			AVERAGE AGE OF RESIDENT POPULATION					
	M. F. T.			M. F. T.			M. F. T.			AT ADMISSION			PRESENT AGE		
										M.	F.	T.	M.	F.	T.
Boston State	54.4	54.3	54.4	46.0	45.7	45.8	63.2	65.8	64.5	40.0	44.6	42.7	48.7	52.6	51.0
Boston Psychopathic	41.8	35.8	39.1	37.2	34.4	36.2	43.1	49.3	46.2	41.4	30.7	36.7	41.4	30.7	36.7
Danvers	51.2	48.6	49.9	40.5	44.9	42.8	63.1	64.0	63.6	40.7	42.4	41.6	47.3	50.1	48.8
Foxborough	46.5	42.9	47.3	43.1	37.5	40.7	61.3	61.7	61.5	42.1	41.9	42.0	48.7	48.4	48.5
Gardner	52.9	48.2	50.9	40.2	50.0	45.8	64.1	54.8	64.5	38.9	42.0	40.1	49.6	50.8	50.1
Grafton	44.4	37.8	41.7	40.2	38.0	39.0	62.3	60.8	61.5	38.1	42.7	40.6	51.6	54.9	53.4
Medfield	48.2	47.0	47.6	44.5	42.0	42.9	59.7	63.7	62.1	49.7	40.9	40.8	53.0	54.1	53.7
Metropolitan	—	—	—	32.5	47.5	40.6	54.1	49.5	48.7	43.3	45.5	44.4	44.5	46.9	45.7
Northampton	46.5	47.0	46.7	42.4	43.4	43.0	64.8	65.2	65.0	41.0	43.6	42.4	48.0	50.2	49.2
Taunton	52.1	48.0	50.1	43.3	44.4	43.9	63.5	65.6	63.5	43.3	44.7	44.0	51.5	52.1	51.8
Westborough	48.1	48.5	48.3	42.0	45.0	43.8	65.8	65.3	65.6	42.5	43.1	42.3	49.8	53.6	52.0
Worcester	48.9	47.7	48.4	43.2	39.7	41.6	63.0	63.5	63.2	41.6	43.1	42.3	49.7	51.3	50.5
Monson	15.2	31.3	25.5	30.0	—	30.0	33.4	29.9	32.2	24.2	26.5	25.4	30.6	35.0	32.9
McLean	48.8	37.6	43.7	42.5	42.2	42.3	73.5	68.6	71.0	67.4	64.0	63.4	57.1	52.2	54.2
Bridgewater	38.0	—	38.0	36.0	—	36.0	60.6	60.6	60.6	35.6	—	35.6	49.2	—	49.2
Tewksbury	50.0	—	50.0	62.5	60.0	60.8	61.7	72.9	66.2	44.3	40.1	40.9	53.0	54.6	54.7
U. S. Veterans No. 107	36.6	—	36.6	38.7	—	38.7	42.0	—	42.0	35.5	—	35.5	39.0	—	39.0
U. S. Veterans No. 95	41.6	—	41.6	38.5	—	38.5	38.3	—	38.3	33.8	—	33.8	38.9	—	38.9
All Hospitals	49.0	48.1	48.6	41.8	43.2	42.5	62.1	63.9	63.0	39.0	42.1	40.5	47.1	50.5	48.8

**AVERAGE AGE AT ADMISSION, DISCHARGE AND DEATH COMPARED WITH AVERAGE
ADMISSION AGE AND AVERAGE PRESENT AGE OF RESIDENT POPULATION, BY
HOSPITAL**

We have previously discussed the average age at admission (Table 29), the average age at discharge (Table 55), and the average age at death (Table 67), by hospital. In the present table (Table 79) we compare these with the average ages of the resident population, by hospital.

It is interesting to observe that while the average age at admission of cases admitted during 1932 is 48.6 years, the average age at admission of all cases in the resident population is 40.5 years. It should be recalled, of course, that the first admissions in the resident population are the cases remaining after the deaths and discharges have been removed. Otherwise, it would seem that cases were being admitted at older ages than has been the case previously.

It will be observed that the average age at discharge is 42.5 years, while the average age at death is decidedly higher, 63.0 years. The larger number of these deaths comprise the senile and cerebral arteriosclerosis groups who enter the institution at a late age, thereby increasing the average age at death.

While the average age at admission of the resident population was 40.5 years, the average present age is shown to be 48.8 years. An estimate of the average length of hospital stay of these resident cases may be found by subtracting the average age at admission from the present average age. It shows that the average length of hospital stay is over eight years for all patients resident in the State hospitals on September 30, 1932. Again it should be recalled that the resident cases are the cases remaining within the institutions, while the cases discharged during the year had an average net length of residence of 1.23 years.

This table presents an opportunity for comparing these factors within the various institutions and may explain why certain institutions have higher death rates than others. Hospitals admitting cases in the older age groups also may expect to have higher death rates. On the other hand, institutions presenting lower average present ages for their resident population may expect to have lower death rates.

**COMPARISON BETWEEN NATIVITY AND CITIZENSHIP IN ALL FIRST ADMISSIONS,
1932, AND RESIDENT POPULATION ON SEPTEMBER 30, 1932**

Table 80 shows the comparison between nativity and citizenship in first admissions, 1932, and the resident population on September 30, 1932. While 60.7 per cent of first admissions for 1932 were native-born and 63.6 per cent of the resident population belonged in this group, the Massachusetts population in 1930 showed 74.8 per cent native-born. Thirty-nine and three tenths per cent of first admissions in 1932 were foreign born, and 36.4 per cent of the resident population belonged in this group as compared with 25.2 per cent of foreign born in the State population. We see here an excess of the foreign born in both the resident population and in the first admissions for 1932.

**TABLE 80. — Percentage Distribution of Nativity and Citizenship in First
Admissions, 1932, and Resident Population in Institutions on September
30, 1932, Compared with Massachusetts Population, 1930.**

	PERCENTAGE DISTRIBUTION		
	First Court Admissions, 1932	Resident Population September 30, 1932	State Population, 1930
Native Born	60.7	63.6	74.8
Foreign Born	39.3	36.4	25.2
Citizens by Naturalization	15.6	9.6	—
Alien	23.7	26.8	—
	100.0	100.0	100.0

We observed that 39.3 per cent of the 1932 first admissions were foreign born. It appears that the foreign born are presenting themselves to our hospitals in greater proportion than the native-born. This figure of 39.3 per cent for 1932 is a 14.1 per cent excess over the State population of 25.2 per cent for the year 1930.

We see another interesting change within the foreign born group in reference to naturalization. The resident population, which is made up of the admissions of previous years, had 9.6 per cent of patients who were citizens by naturalization. The first admissions for 1932, however, presented 15.6 per cent of cases of patients who were naturalized, a difference of 6.0 per cent. Stating the matter in another way, the percentage of aliens in the resident population was 26.8 per cent, and in the first admissions for 1932, 23.7 per cent, a difference of 3.1 per cent. Thus, while larger proportions of foreign born seem to be presenting themselves to our State hospitals, we may say that there is a tendency for smaller numbers of these to be aliens and larger numbers of these foreign born to be naturalized citizens.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT
ADMISSIONS, 1932, AND RESIDENT POPULATION ON SEPTEMBER 30, 1932

Table 81 shows us the country of birth of foreign born patients outlining the rates per 100,000 of the same country of birth in accordance with the 1930 census of the State of Massachusetts. It gives a comparison between first admissions during 1932 and all cases in residence on September 30, 1932. In this table we have arranged the countries in order of frequency of the admission rates for first admissions during the year 1932. We observe that Austria leads this list as a country of birth with 257 foreign born patients from this country being admitted to mental hospitals during 1932 per 100,000 of the State population born in Austria in accordance with the census of 1930. Other countries in order are: Portugal, 237; Finland, 191; and Germany, 155.

TABLE 81. — *Country of Birth of Foreign Born Patients; First Admissions, 1932, and All Cases in Residence on September 30, 1932; Rates per 100,000 of State Population Same Country of Birth, 1930 Census.*

COUNTRY OF BIRTH ¹	RATE PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH			
	FIRST ADMISSIONS 1932	Order	CASES IN RESIDENCE	Order
Austria	257.	1	3,914.	1
Portugal	237.	2	769.	6
Finland	191.	3	1,055.	4
Germany	155.	4	925.	5
Ireland	154.	5	1,200.	2
Sweden	135.	6	766.	7
England	119.	7	687.	10
Russia	110.	8	1,102.	3
Scotland	106.	9	495.	13
Greece	101.	10	738.	8
Canada	98.	11	573.	11
Poland	97.	12	730.	9
Italy	89.	13	556.	12
All other countries.	87.	—	645.	—
All countries	114.	—	767.	—

¹Countries considered are those having one hundred or more patients in the resident population.

The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria is still in first position with a rate of 3,914 patients in residence in mental hospitals on September 30, 1932, in accordance with their numbers in the State population of Massachusetts, 1930. There follow in order: Ireland, 1,200; Russia, 1,102; Finland, 1,055; and Germany, 925. In considering the rank order of these cases in the first admissions, 1932, and resident cases, we note that the only countries preserving the original order in foreign born groups are: Austria (first position), and Canada (eleventh position).

TABLE 82. — *County of Residence and Rates per 100,000 Population of (1) Patients Admitted to All Hospitals during the Year Ended September 30, 1932; (2) All Patients Remaining Within Institutions on September 30, 1932; (3) All Patients Remaining on Books of Institutions on September 30, 1932.*¹

COUNTIES	ALL ADMISSIONS DURING YEAR ²			Rate per 100,000 Population Same County ³	TOTAL CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County	TOTAL CASES REMAINING ON BOOKS OF INSTITUTIONS			Rate per 100,000 Population Same County
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
Barnstable	25	29	54	167.	74	74	148	458.	80	82	162	501.
Berkshire	52	56	108	89.	304	289	593	491.	324	334	658	545.
Bristol	191	170	361	99.	807	842	1,649	452.	880	913	1,793	491.
Dukes	7	3	10	201.	14	12	26	524.	16	14	30	605.
Essex	351	263	614	123.	1,259	1,110	2,369	475.	1,361	1,229	2,590	520.
Franklin	27	23	50	100.	141	96	237	477.	153	112	265	534.
Hampden	182	149	331	98.	844	865	1,709	509.	918	955	1,873	558.
Hampshire	48	29	77	105.	219	215	434	506.	235	230	465	638.
Middlesex	764	631	1,395	149.	1,899	2,091	3,990	426.	2,111	2,311	4,422	472.
Nantucket	1	1	2	54.	6	5	11	299.	7	6	13	353.
Norfolk	235	211	446	148.	547	596	1,143	381.	603	677	1,280	427.
Plymouth	114	82	196	120.	459	371	830	511.	491	405	896	552.
Suffolk	1,211	1,106	2,317	263.	2,880	3,139	6,019	684.	3,146	3,428	6,574	747.
Worcester	400	280	680	138.	1,222	1,076	2,298	467.	1,366	1,278	2,644	538.
Non-resident of State	156	56	212	—	501	79	580	—	548	93	641	—
Unknown	30	7	37	—	194	7	201	—	196	8	204	—
Total	3,794	3,096	6,890	162.	11,370	10,867	22,237	523.	12,435	12,075	24,510	576.

¹Includes transfers.²Exclusive of transfers.³U. S. Census, 1930.

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain foreign countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among the patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth. The country of birth of all resident patients, by psychoses, is shown in Summary Table 164.

COUNTY OF RESIDENCE: ADMISSIONS, 1932, RESIDENT POPULATION SEPTEMBER 30, 1932, AND CASES ON BOOKS SEPTEMBER 30, 1932

Table 82 and Graph 8 give the county of residence and the rate per 100,000 population for the same county for (1) all patients *admitted* to all mental hospitals during the year 1932; (2) all patients remaining *within institutions* on September 30, 1932; and (3) all patients remaining *on the books of institutions* on September 30, 1932. In considering admissions we find the highest rate for Suffolk County. Two hundred sixty-three persons per 100,000 of the population of this county on April 1, 1930 were admitted to our mental hospitals during the year 1932. Dukes and Barnstable are next in order with 201 persons per 100,000 population and 167 persons, respectively.

The lowest rates for admission are observed in Nantucket County, 54 persons; Berkshire County, 89 persons; and Hampden County, 98 persons. The total admission rate for all counties is 162 persons per 100,000 of the State population.

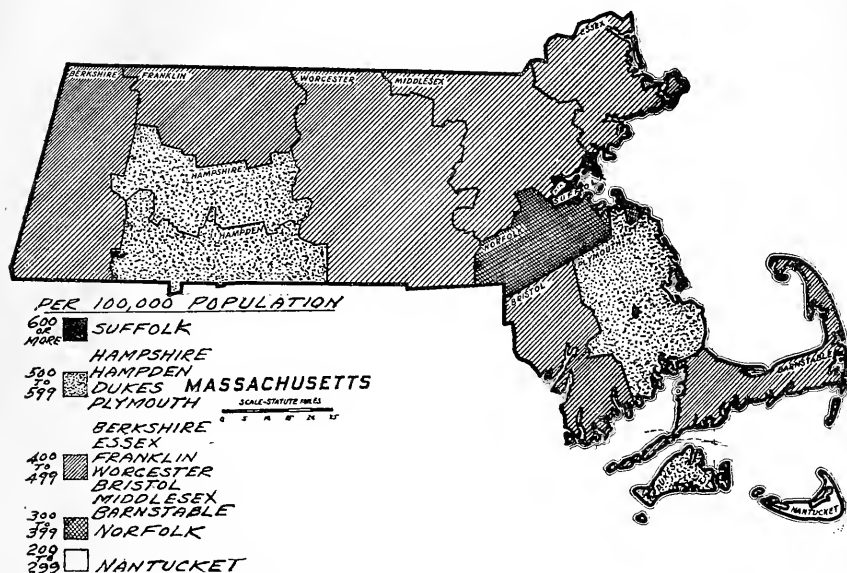
The foregoing rates give the figures for all of the admissions of a single year. However, we wish to consider the resident population in mental hospitals on September 30, 1932. Suffolk County again has the highest figure with 684 persons in residence in mental hospitals on September 30, 1932, per 100,000 of the population of that county. Hampshire follows with 596, and Dukes is third with 524. The following counties have the lowest rates for cases in residence: Nantucket, 299; Norfolk, 381; and Middlesex, 426. The total rate for all counties is 523 persons in mental hospitals per 100,000 of the State population.

The foregoing figures give us information on actual resident population. However, they do not give us the entire picture of all cases under care. This can be found only in the total cases on the books of institutions on September 30, 1932. In considering these we observe again that Suffolk County leads with 747 persons on the books of mental hospitals on September 30, 1932 per 100,000 of the population of that county. Next in order are Hampshire with 638, and Dukes with 605. The lowest rates are observed in Nantucket, 353; Norfolk, 427; and Middlesex, 472. The total for all counties is 576 persons on the books of mental hospitals, 1932, per 100,000 of the population of the State.

Graph 8 presents the patients in residence in State hospitals for mental disease on September 30, 1932 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk shows the highest rate (over 600 per 100,000) for mental disease in State hospitals; Hampshire, Dukes, Plymouth and Hampden are second (between 500 and 599 persons); and Berkshire, Franklin, Essex, Worcester, Barnstable, Bristol and Middlesex are in third position (between 400 and 499 persons).

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, is the only county conforming to this hypothesis. Hampshire is in second position, and yet

this county contains but one city, and that has a population of less than 25,000 (1930). Again we see that Nantucket shows a low relative incidence for mental disease. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental diseases in Massachusetts.



GRAPH 8. — PATIENTS IN RESIDENCE IN STATE HOSPITALS, 1932. RATES PER 100,000 POPULATION OF SAME COUNTY.

MENTALLY DEFICIENT

Section F, General Discussion of All Cases under Care in State Schools for the Mentally Deficient, 1932

Section F is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1932.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT, SEPTEMBER 30, 1932

Table 83 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 4,754 actually within the institutions, and 5,148 on the books of the various schools. The State schools had 4,566 patients actually within institutions and 4,957 patients on the books. The Belchertown State School had a total of 1,235 actually within the institution and 1,325 on the books. The Walter E. Fernald State School had 1,694 actually within the institution and 1,805 on the books. The Wrentham State School had 1,637 actually within the institution and 1,827 on the books. Eight private schools had 188 patients actually within institutions and 191 on the books at the end of the statistical year.

TABLE 83.—*Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1932, by School.*

SCHOOLS	Actually in the Institutions	On the Books
State:		
Belchertown	1,235	1,325
Walter E. Fernald	1,694	1,805
Wrentham	1,637	1,827
• Total	4,566	4,957
Private:		
Elm Hill	26	26
Mentally Defective in Hospital Cottages	95	96
Ring Sanatorium and Hospital, Inc.	—	—
Standish Manor	8	8
Perkins School of Adjustment	40	42
The Freer School	5	5
Clarke School	14	14
Glen School	—	—
Total	188	191
Total, all patients	4,754	5,148

Comparing the figure of 4,754 actually within State institutions for 1932 with the figure of 4,597 for 1931, we observe an increase of 3 per cent. The rate per 100,000 of the population for 1932 was 111.8 for patients actually within institutions; for those on the books it was 121.1. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1932.

PATIENTS "ON VISIT", "ON PAROLE", AND "ON ESCAPE" FROM STATE SCHOOLS ON SEPTEMBER 30, 1932

The number of patients "on visit", "on parole", and "on escape" from State schools in 1932 was 391, or 7.8 per cent of the total number of patients on the books. Table 84 reveals that of the total of 391 out of institutions at the end of the year, 91 or 23.3 per cent were "on visit", 205 or 52.4 per cent were "on parole", and 95 or 24.3 per cent were "on escape".

On September 30, 1932, the Belchertown State School had 14 patients or 1.0 per cent of its total population out "on visit"; 45 patients or 3.3 per cent were out "on parole" and 31 patients or 2.3 per cent were "on escape", making a total of 90 patients or 6.7 per cent of the cases on the books who were out of the institution at the end of the year. The Walter E. Fernald State School had 46 patients or 2.5 per cent of its total population "on visit"; 54 patients or 2.9 per cent "on

parole"; and 11 patients or .6 per cent "on escape", making a total of 111 patients or 6.1 per cent of cases on the books who were out of the institution on September 30, 1932. The Wrentham State School had 31 patients or 1.6 per cent of its total population "on visit"; 106 patients or 5.8 per cent "on parole"; and 53 or 2.9 per cent "on escape", making a total of 190 patients or 10.3 per cent out of the institution at the end of the statistical year.

TABLE 84. — *Number of Patients "On Visit", "On Parole", and "On Escape" in State Schools on September 30, 1932, by School.*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent
Belchertown	1,325	14	1.0	45	3.3	31	2.3	90	6.7
Walter E. Fernald	1,805	46	2.5	54	2.9	11	.6	111	6.1
Wrentham	1,827	31	1.6	106	5.8	53	2.9	190	10.3
Total	4,957	91	1.8	205	4.1	95	1.9	391	7.8

Patients "on visit" are those absent from the State schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

TABLE 85. — *Number and Percentage of Patients "On Visit", "On Parole," and "On Escape" from State Schools, September 30, 1910-1932 inclusive.*

YEAR	Number on the Books	Number on Visit and Parole ¹	Percent	Number on Escape	Percent
1910	1,654	80	4.8	7	.4
1911	1,772	115	6.4	15	.8
1912	1,985	130	6.5	10	.5
1913	2,049	104	5.0	23	1.1
1914	2,366	157	6.6	15	.6
1915	2,471	134	5.4	28	1.1
1916	2,873	237	8.2	54	1.8
1917	2,947	222	7.5	52	1.7
1918	3,115	305	9.8	47	1.5
1919	3,219	387	12.0	93	2.8
1920	3,163	290	9.1	53	1.6
1921	3,375	376	11.1	58	1.7
1922	3,315	401	12.1	65	1.9
1923	3,762	463	12.3	60	1.5
1924	4,075	560	13.7	55	1.3
1925	4,125	488	11.8	44	1.0
1926	4,145	429	10.3	56	1.3
1927	4,162	332	7.9	70	1.6
1928	4,304	325	7.5	67	1.5
1929	4,363	339	7.8	83	1.9
1930	4,557	329	7.1	69	1.5
1931	4,815	310	6.4	93	1.9
1932	4,957	296	5.9	95	1.9

¹Number on parole, 1932 — 205.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1932

Table 85 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a steady decline. The year 1932 (5.9 per cent) reveals a decrease over 1931 (6.4 per cent). The decrease over the last few years is due partly to administrative changes which no longer

permit carrying a patient "on visit" indefinitely. This regulation has a tendency to increase the number of discharges, but slightly decreases the number of patients held "on visit". The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE

Table 86 gives the total number of cases who entered the State schools during each year, 1904-1932 inclusive. This table includes all first admissions and all readmissions, irrespective of the legal form of admission. It does not include transfers, however. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923, with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, 240 admissions, and 1921, 238 admissions. Belchertown State School admitted the greatest number in 1931, 202 cases, and the fewest in 1929, 54 cases.

Considering the totals for the three schools, we observe that 667 cases were admitted in 1916, 586 cases in 1923, and 556 cases in 1924. Observing particularly the period from 1923 onward, during which each of the three State schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930, however, there was a large increase in the number of admissions to the three State schools, this being largely due to the increase of patients at the Belchertown State School. The year 1931 also showed a slight increase which, it will be observed, was evidenced only at the Belchertown State School, as each of the other schools decreased their admissions during that year. The year 1932 shows a decrease in admissions, 369 cases as against 461 in 1931. This decrease is most evident at the Wrentham and Belchertown State Schools.

TABLE 86. — *All Admissions to State Schools for the Mentally Defective from the Community.*¹

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
Total	10,519	5,596	3,757	1,166

¹Transfers not included

During the entire 29 year period a total of 10,519 cases were admitted to all State schools. Five thousand, five hundred and ninety-six cases were admitted to the Walter E. Fernald State School, or an average of 192.9 admissions per year.

During the last 23 years, 3,757 cases have been admitted to the Wrentham State School, or an average of 163.3 admissions per year. Over the 10 year period 1923-1932, a total of 1,166 patients were admitted to the Belchertown State School, or an average of 116.6 admissions per year. As the present capacities of both Wrentham and Belchertown are considerably smaller than the capacity of the Walter E. Fernald State School, this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1932, INCLUSIVE, AND RATIO PER 100,000

Table 87 shows the total number of admissions to State schools for the years 1904-1932, inclusive, by sex, and the rate of admissions per 100,000 of the general population for each year. In general, we may say that the rate has been higher during the latter years when compared with the earlier years of this period. Thus, the rate for the years 1904-1908 is approximately 6, and the rate for the years 1926-1932 is approximately 8. The number of admissions is somewhat dependent upon the available accomodation. It will be noted that the years 1923-1925 inclusive are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932, however, to a rate of 8. It is interesting to observe that the rates for males are higher than the rates for females in all but 6 years of this period.

TABLE 87. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1932 inclusive.*

YEAR	NUMBER OF ADMISSIONS ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.

¹Does not include transfers.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1932

Table 88 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1932, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 107 in the year 1932. This table demonstrates very strikingly the increasing burden upon the State for the care of the mental defective. Since 1904 the rate for patients in residence has more than trebled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, there has been a fairly even

balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding.

TABLE 88. — *Number of Patients in Residence in State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1932, inclusive.*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RESIDENT PATIENTS PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	64.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,699	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.
1931	2,135	2,277	4,412	103.	104.	103.
1932	2,205	2,361	4,566	106.	108.	107.

LEGAL FORMS OF ADMISSION TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE

In Massachusetts patients are admitted to State schools for the mentally defective under the following forms:

1. Voluntary Admission: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion.
2. Admission for Observation: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion and may detain them for observation for a period not exceeding 30 days.
3. Commitment of Mentally Defective: Sec. 66, Chap. 123, G. L., as amended by Chap. 410, Acts of 1922, Chap. 293, Acts of 1925, and by Chap. 288, Acts of 1931.
 - a. Written application to the probate court.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath and who has examined the patient within ten days of his signing and making oath to the certificate.
 - c. Order of commitment by judge of probate.

Section G. Admissions to State Schools for the Mentally Deficient during 1932

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1931 to September 30, 1932, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1932

Table 89 reveals that a total of 374 admissions were received at the three State schools during the year; 207 cases were admitted under regular commitment; 160 cases were admitted under the voluntary or "school" status; 2 were admitted as observation cases; and 5 were admitted by transfer. The Wrentham State School admitted 144 cases, which was the largest number of any of the schools. Belchertown State School was second with 120 cases, and Walter E. Fernald was third with 110 cases. Belchertown State School presented the largest number admitted under court commitment, that of 92 persons. Walter E. Fernald State School admitted 61 under this status, and Wrentham admitted 54. Under the voluntary or "school" status, we observe that Wrentham admitted 85 cases, Walter E. Fernald, 48 cases, and Belchertown 27 cases. There was a decrease in the number of admissions for 1932, 374 as compared with 477 in 1931.

TABLE 89. — *Legal Status of All Admissions to State Schools, 1932, by School.*

CASES ADMITTED DURING YEAR	ALL STATE SCHOOLS			BELCHER-TOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment Cases Admitted during year:												
First Admissions	71	127	198	14	77	91	40	18	58	17	32	49
Readmissions	5	4	9	—	1	1	2	1	3	3	2	5
Total	76	131	207	14	78	92	42	19	61	20	34	54
Voluntary Admission Cases admitted during year:												
First Admissions	83	63	146	9	12	21	33	13	46	41	38	79
Readmissions	7	7	14	2	4	6	2	—	2	3	3	6
Total	90	70	160	11	16	27	35	13	48	44	41	85
Observation Admission Cases admitted during year:												
First Admissions	—	2	2	—	—	—	—	—	—	—	2	2
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	2	2	—	—	—	—	—	—	—	2	2
Total Cases admitted by transfer during year	—	5	5	—	1	1	—	1	1	—	3	3
Total Cases Admitted during year	166	208	374	25	95	120	77	33	110	64	80	144

MENTAL STATUS OF ALL ADMISSIONS, 1932

Excluding those admitted by transfer, a total of 369 cases were admitted to the three State schools during 1932 (Table 90). Forty-four or 12.0 per cent of these were idiots; 92 or 24.9 per cent were imbeciles; 214 or 58.0 per cent were morons; and 19 or 5.1 per cent were classified as not mentally defective. One hundred and sixty-six males were admitted, and 203 females.

Sex differences in mental status are observed. In the idiot group the percentage of males (16.9) is more than twice that of the females (7.9). In the imbecile group the percentage of males is slightly less than that of females, 23.5 and 26.1, respectively. In the moron group we find 53.6 per cent of males and 61.6 per cent of females. In the classification not mentally defective, we observe 6.0 per cent of males and 4.4 per cent of females.

TABLE 90. — *Mental Status of All Admissions, 1932; Percentage Distribution.*¹

MENTAL STATUS	ALL ADMISSIONS ²					
	NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.
Idiot	28	16	44	16.9	7.9	12.0
Imbecile	39	53	92	23.5	26.1	24.9
Moron	89	125	214	53.6	61.6	58.0
Not Mentally Defective	10	9	19	6.0	4.4	5.1
Total	166	203	369	100.0	100.0	100.0

¹Idiot, I. Q. under .24; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74; Not Mentally Defective I. Q. .75 or over.

²Excludes 5 cases admitted by transfer.

In this table we note that 45 per cent of admissions during 1932 were males and 55 per cent females. The males present larger proportions in the idiot and not mentally defective groups, while the females present larger proportions in the imbecile and moron groups.

FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1932

According to the regulations outlined in the Statistical Manual of the National Committee for Mental Hygiene, statistics for first admissions, readmissions, discharges and deaths should concern mentally defective patients only (I. Q. .74 or less). In the previous table we discussed *all* admissions to State schools for the year 1932, exclusive of transfers, which was a total of 369. From this point on, and unless specifically stated otherwise, we confine our remarks to mentally defective admissions only.

During 1932 there were 350 mentally defective admissions to the three State schools. Three hundred and twenty-eight or 93.7 per cent were first admissions, and twenty-two or 6.3 per cent were readmissions (Table 91). Belchertown State School contributed 109 admissions of which 102 or 93.6 per cent were first admissions and 7 or 6.4 per cent were readmissions. The Walter E. Fernald State School contributed 103 admissions, 99 or 96.1 per cent of which were first admissions and 4 or 3.9 per cent were readmissions. Wrentham State School presented 138 admissions, 127 or 92.0 per cent first admissions, and 11 or 8.0 per cent readmissions.

TABLE 91. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1932, by Schools.*¹

STATE SCHOOLS	TOTAL ADMISSIONS	FIRST ADMISSIONS		READ- MISSIONS	
		NUM- BER	PER- CENT	NUM- BER	PER- CENT
Belchertown	109	102	93.6	7	6.4
Walter E. Fernald	103	99	96.1	4	3.9
Wrentham	138	127	92.0	11	8.0
Total	350	328	93.7	22	6.3

¹Unless otherwise stated, this and the following tables include mentally defective first admissions and readmissions only (I. Q. .74 or less).

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1932

The average age at admission of all first admissions to the three State schools during 1932 was 13.4 years (Table 92). The average age for males, 10.9 years, was lower than that for the females, 15.4 years. In 1931 the average age for both sexes was 12.7 years.

For the Belchertown State School the average age at admission was 17.3 years: 12.4 years for the males and 18.6 years for the females. For the Walter E. Fernald State School the average was 12.4 years: 11.4 years for males and 14.9 years for females. For the Wrentham State School the average was 10.7 years: 9.7 years for the males and 11.6 years for the females. The average admission age is consistently higher for females than for the males at each of the State schools.

TABLE 92. — Age Distribution: Number and Percentage of First Admissions to State Schools, 1932, by School.

AGE GROUPS	NUMBER											
	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	12	11	23	3	-	3	1	-	1	8	11	19
5-9 years	54	36	90	3	6	9	23	7	30	28	23	51
10-14 years	55	48	103	6	22	28	35	10	45	14	16	30
15-19 years	20	55	75	8	30	38	8	9	17	4	16	20
20-24 years	3	17	20	1	11	12	1	3	4	1	3	4
25-29 years	-	5	5	-	5	5	-	1	1	-	1	1
30-34 years	-	3	3	-	2	2	-	1	1	-	-	-
35-39 years	-	4	4	-	3	3	-	-	-	-	-	-
40 years and over	1	4	5	-	4	4	-	-	-	1	-	1
Total	145	183	328	21	81	102	68	31	99	56	71	127
Average age in years	10.9	15.4	13.4	12.4	18.6	17.3	11.4	14.9	12.4	9.7	11.6	10.7

Of the total patients admitted during the year, 216 or 66 per cent were under 15 years of age, and this general tendency is noted for each school with the exception of Belchertown. The number of children admitted under the age of 5 is largest for Wrentham (15.0 per cent). Important sex differences in admission ages are observed. In considering the total for all ages we see that 121 or 83.4 per cent of the males were admitted under the age of 14 years, while but 95 cases, or 51.9 per cent of the females came within these age groups. Considering admission ages 15 years or higher, we note that 24 cases, or 16.6 per cent of the males fell in these groups, while 88 cases, or 48.1 per cent of the females were admitted in these older age groups.

AGE OF READMISSIONS TO STATE SCHOOLS, 1932

Table 93 shows that the average admission age of readmissions to State Schools during 1932 is 14.1 years: 14.3 years for the males and 13.9 years for the females. The highest average age of readmissions is observed at the Walter E. Fernald State School, that of 20.0 years. The Wrentham State School is the next highest, the average admission age being 13.8 years. The lowest admission age is observed at the Belchertown State School, that of 11.2 years.

TABLE 93. — *Age Distribution: Percentage of Readmissions to State Schools, 1932, by School.*¹

AGE GROUPS	PERCENT											
	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	9.1	4.5	—	20.0	14.2	—	—	—	—	—	—
5-9 years	27.3	36.3	31.8	—	40.0	28.6	33.3	—	25.0	33.3	40.0	36.4
10-14 years	27.3	18.2	22.8	50.0	20.0	28.6	33.3	—	25.0	16.7	20.0	18.2
15-19 years	36.3	18.2	27.3	50.0	20.0	28.6	—	—	—	50.0	20.0	36.3
20-24 years	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	9.1	9.1	9.1	—	—	—	33.3	—	25.0	—	20.0	9.1
30 years and over	—	9.1	4.5	—	—	—	—	100.0	25.0	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age in years	14.3	13.9	14.1	15.0	9.7	11.2	15.8	32.5	20.0	13.3	14.5	13.8

¹Previous admissions to schools for mentally defective only.

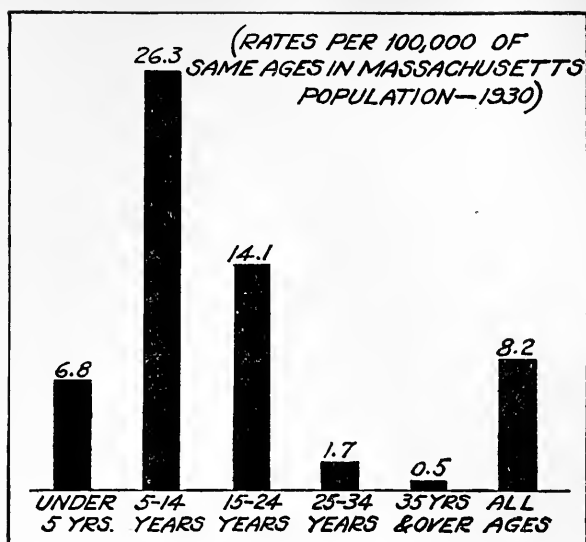
During this year, 59.1 per cent of the readmissions fell in the age groups below 14 years. Twenty-seven and three tenths per cent were admitted between the ages 15-19 years and 13.6 per cent of cases were admitted after 25 years of age.

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1932; RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS

Table 94 and Graph 9 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State Schools is the greatest.

TABLE 94. — *Ages of First Admissions and Readmissions to State Schools, 1932; Rates per 100,000 of Same Ages in Massachusetts Population, 1930.*

AGE GROUPS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
Under 5 years	24	6.8	23	6.5	1	.2
5-14 years	205	26.3	193	24.8	12	1.5
15-24 years	101	14.1	95	13.3	6	.8
25-34 years	11	1.7	8	1.2	3	.4
35 years and over	9	.5	9	.5	—	—
Total	350	8.2	328	7.7	22	.5



GRAPH 9. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1932.
RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS
POPULATION, 1930.

The highest rate falls in the age group 5-14 years, with 26.3 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 14.1 persons, and the group under five years is third with 6.8 persons. The rate for all admissions is 8.2; for first admissions 7.7, and for readmissions .5. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1932, BY MENTAL STATUS

The percentage distribution of ages in mental groups reveals that the lower grade cases predominate in the younger age groups (Graph 10 and Table 95). For example, in the group under 10 years of age at admission we see the following percentages: idiot, 60.0 per cent; imbecile, 46.3 per cent; moron, 24.7 per cent; and not mentally defective, 38.9 per cent. The moron group presents the largest number in the age group 10-14 years, 35.4 per cent. They also have the largest number in the age group 15-19 years, 26.7 per cent, and in the age group 20-24 years, 7.8 per cent.

We note that the idiots show the lowest average admission age, that of 9.1 years. There is then a consistent increase in the next two groups, the average admission age for imbeciles being 12.9 years and for morons, 14.4 years. Those not mentally defective showed a slightly lower admission age, that of 13.3 years. There is a sex difference in the mental groupings, in that females tend to be admitted at a higher average age than males. This is true of each mental status group.

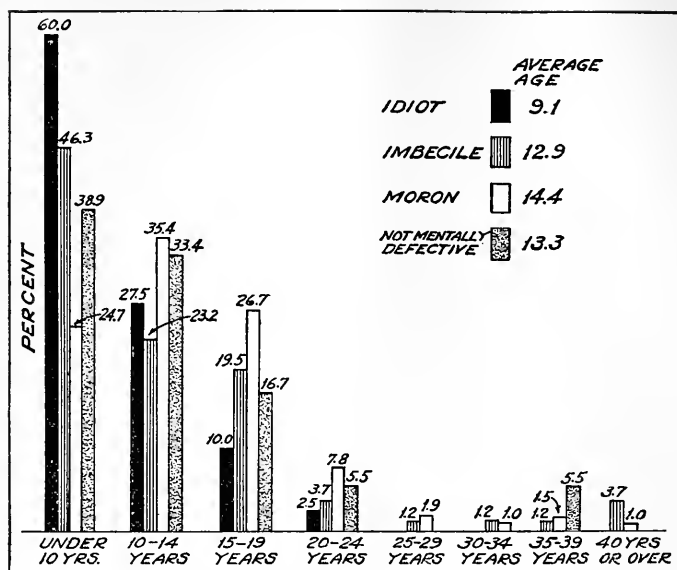
ENVIRONMENT OF FIRST ADMISSIONS TO STATE SCHOOLS, 1932

Table 96 shows the environment of first admissions to State schools compared with the general population residing in urban and rural centers. The rate of first admissions per 100,000 of the general population is 7.71; 8.09 admissions per 100,000 from urban centers, and 4.30 from rural centers.

TABLE 95. — *Percentage Distribution of Ages in All First Admissions to State Schools, 1932, by Mental Status.*¹

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	46.1	25.5	34.7	61.5	57.1	60.0	51.4	42.6	46.3	38.1	15.6	24.7	55.6	22.2	38.9
10-14 years	38.3	26.0	31.5	26.9	28.6	27.5	34.3	14.9	23.2	42.9	30.3	35.4	44.4	22.2	33.4
15-19 years	13.0	30.2	22.5	7.7	14.3	10.0	8.5	27.6	19.5	17.8	32.8	26.7	—	33.3	16.7
20-24 years	1.9	9.4	6.2	3.9	—	2.5	2.9	4.3	3.7	1.2	12.3	7.8	—	11.1	5.5
25-29 years	—	2.6	1.4	—	—	—	—	—	1.2	—	3.3	1.9	—	—	—
30-34 years	—	1.6	.9	—	—	—	—	2.1	1.2	—	1.6	1.0	—	—	—
35-39 years	—	2.6	1.4	—	—	—	—	2.1	1.2	—	2.5	1.5	—	11.1	5.5
40 years and over	.7	2.1	1.4	—	—	—	2.9	4.3	3.7	—	1.6	1.0	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.9	15.4	13.4	9.1	9.2	9.1	11.0	14.3	12.9	11.5	16.4	14.4	9.7	16.9	13.3

¹Idiot, I. Q. under 24; Imbecile, I. Q. 25-49; Moron, I. Q. 50-74; Not Mentally Defective, I. Q. 75 or over.



GRAPH 10.— PERCENTAGE DISTRIBUTION OF AGES IN FIRST ADMISSIONS TO STATE SCHOOLS, BY MENTAL STATUS.

TABLE 96.— *Environment of First Admissions to State Schools, 1932, Compared with Massachusetts Population, 1930.*

	TOTAL	URBAN	RURAL
First Admissions	328	310	18
Percentage of First Admissions	100.0	94.5	5.5
Massachusetts Census, 1930 — Percentage	100.0	90.2	9.8
First Admissions — rate per 100,000 ¹	7.71	8.09	4.30

¹General Population, same environment.

It will be observed that although the Massachusetts Census for 1930 shows a percentage of 90.2 of the population living in an urban environment, 94.5 per cent of the first admissions to State schools came from an urban environment. Thus, patients from urban centers are somewhat over-represented among first admissions. On the other hand, first admissions from rural environments are under-represented, 5.5 per cent as against 9.8 per cent of the Massachusetts population who live in a rural environment.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1932, BY MENTAL STATUS

The largest proportion of first admissions, 55.2 per cent, belong in the marginal class; 41.6 per cent are found in the dependent group; and 3.2 per cent in the comfortable class, (Table 97). Idiots make up the smallest proportion of the dependent group, 22.5 per cent and the largest proportion of the marginal group, 70.0 per cent. They likewise show the highest percentage in the comfortable group, 7.5 per cent. It is observed that 77.5 per cent of idiots, 65.9 per cent of imbeciles, and but 52.9 per cent of morons belonged in either the marginal or comfortable classes.

TABLE 97. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1932, by Mental Status.*

ECONOMIC CONDITION	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . .	24.7	55.2	41.6	30.8	7.1	22.5	20.0	44.7	34.1	23.8	63.1	47.1
Marginal . .	72.7	41.1	55.2	65.4	78.6	70.0	74.3	46.8	58.5	75.0	36.1	51.9
Comfortable . .	2.6	3.7	3.2	3.8	14.3	7.5	5.7	8.5	7.4	1.2	.8	1.0
Total . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1932, BY NATIVITY AND PARENTAGE

Table 98 shows that the foreign born have a high average admission age, 18.1 years. The native-born have an average admission age of 13.3 years. However, when we consider the parentage of the native-born, we observe that the highest average admission age occurs in the native-born of mixed parentage, 14.1 years: 11.7 years for the males and 16.1 years for the females. (Native-born patients of unknown parentage are excluded because of the few cases under consideration.) The lowest average admission age occurs in the native-born of native parentage, 12.4 years; 10.2 for the males and 13.9 for the females. The percentage distribution for these factors reflect the tendencies reviewed in the averages.

Section H. All Discharges from State Schools for the Mentally Deficient during 1932

The section following discusses various factors in reference to discharges from State schools during the year 1932.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED, 1932

The largest number of patients discharged during 1932 fell in the age groups 15-19 years, 29.9 per cent, (Table 99). Twenty-two and eight tenths per cent were discharged between the ages of 20-24 years and 10.8 per cent between the ages of 10-14 years, and under 10 years respectively. We observe that a total of 63.5 per cent of cases were discharged between the ages of ten and twenty-four years. The higher mental classifications are discharged at higher ages. Twenty-two per cent of idiots were discharged under the age of 10 years, while but 16.3 per cent of imbeciles and 5.3 per cent of morons were discharged in this age grouping.

The average age at discharge of all patients discharged from State schools is 21.2 years; 20.9 years for males and 21.6 for females. The idiots showed the lowest average age at discharge, that of 17.3 years; 19.7 years for the males and 15.0 years for the females. The morons show the highest average age at discharge, that of 22.0 years; 20.8 years for males and 24.3 years for females.

It is interesting to observe that the average admission age for this year was 13.4 years, while the average discharge age was 21.2 years. This indicates roughly the approximate time (eight years) which is required to prepare a child for a successful life in the community.

ALL DISCHARGES FROM STATE SCHOOLS, 1932; RATES PER 1,000 CASES UNDER TREATMENT

During 1932, 167 patients were discharged from the three State schools for the mentally defective, (Table 100). Of these, 98 or 58.7 per cent were males, and 69 or 41.3 per cent were females. Thirty-two were discharged from the Belchertown State School: 50.0 per cent were males, and 50.0 per cent were females. Eighty-one were discharged from the Walter E. Fernald State School: 80.2 per cent were males, and 19.8 per cent were females. Fifty-four were discharged from the Wrentham State School: 31.5 per cent were males, and 68.5 per cent were females.

TABLE 98. — *Percentage Distribution of Ages in First Admissions to State Schools, 1932; by Nativity and Parentage.*

AGE GROUPS	AGGREGATE						NATIVE BORN					
	TOTAL.			PARENTAGE			NATIVE			FOREIGN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	7.8	5.7	6.6	8.0	5.9	6.8	14.1	11.4	12.5	4.5	2.1	3.3
5-9 years	38.3	19.8	28.0	38.0	20.2	28.1	38.6	24.1	30.2	38.6	23.4	30.8
10-14 years	38.3	26.0	31.5	38.0	26.1	31.4	38.6	22.8	29.4	40.9	19.2	29.6
15-19 years	13.0	30.2	22.5	13.3	30.3	22.7	5.3	22.8	15.4	13.6	36.2	25.3
20-24 years	1.9	9.4	6.1	2.0	9.6	6.2	1.7	12.6	8.1	2.4	10.6	6.6
25-29 years	—	2.6	1.4	—	2.6	1.5	—	2.5	1.5	—	4.3	2.2
30-34 years	—	1.6	1.0	—	1.1	1.6	—	1.3	1.7	—	—	—
35-39 years	—	2.6	1.5	—	2.6	1.5	—	2.5	1.5	—	2.1	1.1
40 years and over . . . . .	.7	2.1	1.5	.7	1.6	1.2	1.7	—	.7	—	2.1	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.9	15.4	13.4	10.9	15.1	13.3	10.2	13.9	12.4	11.0	15.8	13.5

TABLE 98. — *Percentage Distribution of Ages in First Admissions to State Schools, 1932; by Nativity and Parentage.* — Concluded.

AGE GROUPS	NATIVE BORN — <i>Con.</i>						FOREIGN BORN		
	PARENTAGE — <i>Con.</i>								
	MIXED			UNKNOWN					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	4.2	1.8	2.9	—	—	—	—	—	—
5-9 years	35.4	14.3	24.1	100.0	—	14.3	50.0	—	35.0
10-14 years	35.4	33.8	44.6	—	50.0	42.8	50.0	25.0	37.5
15-19 years	22.9	35.7	29.8	—	33.3	28.6	—	25.0	12.5
20-24 years	2.1	3.4	3.8	—	—	—	—	—	—
25-29 years	—	1.8	1.0	—	—	—	—	—	—
30-34 years	—	—	—	—	16.7	14.3	—	25.0	12.5
35-39 years	—	3.6	1.9	—	—	—	—	—	—
40 years and over	—	—	—	—	—	—	—	25.0	12.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	11.7	16.1	14.1	7.5	17.5	16.0	10.0	26.2	18.1

TABLE 99. — *Percentage Distribution of Ages of All Patients Discharged from State Schools, 1932, by Mental Status.*¹

AGE AT DISCHARGE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	4.1	20.3	10.8	11.1	33.4	22.2	—	31.9	16.3	1.6	12.1	5.3	33.3	—	18.2
10-14 years	11.2	10.2	10.8	44.5	22.2	33.3	14.3	18.2	16.3	6.5	3.0	5.3	—	—	—
15-19 years	40.8	14.5	29.9	11.1	11.1	11.1	42.7	13.6	27.9	46.8	18.3	36.8	16.7	—	9.1
20-24 years	25.5	18.8	22.8	11.1	22.2	16.6	14.3	4.5	9.3	29.0	18.3	25.3	50.0	80.0	63.6
25-29 years	7.1	11.6	8.9	—	—	—	4.8	4.5	4.7	9.7	21.2	13.7	—	—	—
30-34 years	4.1	7.2	5.4	11.1	—	5.6	4.8	—	2.3	3.2	12.1	6.3	—	20.0	9.1
35-39 years	3.1	13.0	7.2	—	11.1	5.6	9.5	18.2	13.9	1.6	12.1	5.3	—	—	—
40-44 years	1.0	2.9	1.8	—	—	—	4.8	9.1	7.0	—	—	—	—	—	—
45-49 years	2.1	1.5	1.8	11.1	—	5.6	4.8	—	2.3	—	—	—	—	—	—
50 years and over	1.0	—	.6	—	—	—	—	—	—	1.6	3.0	1.0	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	20.9	21.6	21.2	19.7	15.0	17.3	23.2	19.8	21.4	20.8	24.3	22.0	16.6	24.5	20.2

¹Idiot, I. Q. under 24; Imbecile, I. Q. 25-49; Moron, I. Q. 50-74; Not Mentally Defective, I. Q. 75 and over.

TABLE 100. — *Number of Discharges from State Schools, 1932, by Schools; Rates per 1,000 of Cases under Treatment.*¹

STATE SCHOOLS	NUMBER UNDER TREATMENT			NUMBER OF DISCHARGES			PER CENT			RATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	523	753	1,276	16	16	32	50.0	50.0	100.0	30.	21.	25.
Walter E. Fernald . .	1,119	677	1,796	65	16	81	80.2	19.8	100.0	58.	23.	45.
Wrentham	687	1,037	1,724	17	37	54	31.5	68.5	100.0	24.	35.	31.
Total	2,329	2,467	4,796	98	69	167	58.7	41.3	100.0	42.	27.	34.

¹Includes all discharges irrespective of I. Q. Cases under treatment are obtained by adding Resident Population on September 30, 1932, Discharges during the year 1932, and the number of Patients Dying during the year 1932.

The rate of discharge per 1,000 of cases under treatment for all schools was 34; 42 for the males and 27 for the females. The Walter E. Fernald and Wrentham State Schools showed the highest discharge rates with 45 and 31 patients, respectively, discharged per 1,000 cases under treatment for each school. Belchertown showed 25 patients discharged per 1,000 under treatment. The discharge rate for males was decidedly higher than that for females at both Belchertown and Walter E. Fernald State Schools. The rate for female discharges was higher at Wrentham.

DISCHARGES FROM STATE SCHOOLS, 1932; RATES PER 1,000 CASES IN RESIDENCE

Table 101 shows the present age of all cases in residence on September 30, 1932, the age at discharge of all cases discharged during 1932, and the rate of discharge per 1,000 cases in residence of the same age groups. The highest rate of discharge, excluding the age group under 5 years because of the few cases under consideration is observed in the age group 15-19 years, a rate of 51 cases discharged for each 1,000 cases in residence. The age groups 20-24 years and 35-39 years also show high rates of 47 and 41 per 1,000, respectively. The age group 5-9 years presents the next highest discharge rate, .38 per 1,000 cases in residence.

TABLE 101. — *Present Age Distribution of All Cases in Residence September 30, 1932, and Present Age of All Cases Discharged during 1932, by Sex; Discharge Rate per 1,000 of Cases in Residence of Same Age Groups.*

AGE GROUPS	PRESENT AGE OF ALL CASES IN RESIDENCE			AGE AT DISCHARGE OF ALL CASES DISCHARGED, 1932			RATE PER 1,000 OF CASES IN RESIDENCE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	16	12	28	—	4	4	—	333.	142.
5-9 years	221	144	365	4	10	14	18.	69.	38.
10-14 years	440	269	709	11	7	18	25.	26.	25.
15-19 years	489	480	969	40	10	50	81.	20.	51.
20-24 years	383	413	796	25	13	38	65.	31.	47.
25-29 years	215	353	568	7	8	15	32.	22.	26.
30-34 years	161	225	386	4	5	9	24.	22.	23.
35-39 years	94	193	287	3	9	12	31.	46.	41.
40-44 years	78	125	203	1	2	3	12.	16.	14.
45-49 years	44	69	113	2	1	3	45.	14.	26.
50-54 years	38	31	69	1	—	1	26.	—	14.
55-59 years	21	26	47	—	—	—	—	—	—
60-64 years	4	12	16	—	—	—	—	—	—
65-69 years	1	8	9	—	—	—	—	—	—
70 years and over . .	—	1	1	—	—	—	—	—	—
Total	2,205	2,361	4,566	98	69	167	44.	29.	36.

In summarizing this table, and in considering the groups presenting the largest numbers, we may say that the more favorable groups for discharge during this year tend to lie between 15 and 24 years.

MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1932; RATES PER 100 FIRST ADMISSIONS OF SAME MENTAL STATUS

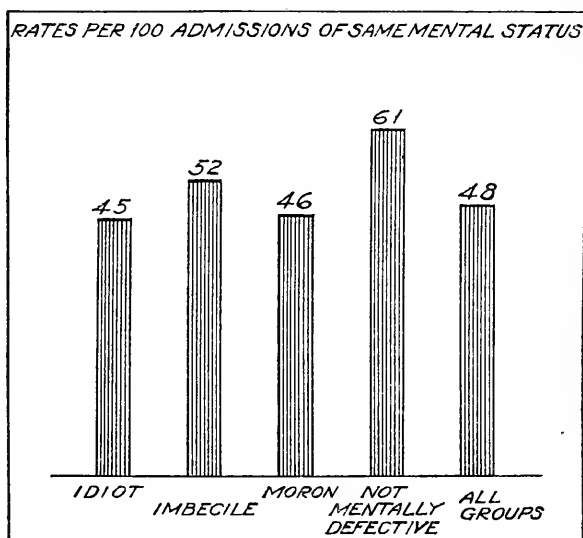
Of the 167 discharges from the three State schools in 1932, 18 or 10.8 per cent were idiots, 43 or 25.7 per cent were imbeciles, and 95 or 56.9 per cent were morons. Eleven, or 6.6 per cent were classified as not mentally defective. We note that 63.5 per cent of discharges were morons or higher, while 63.1 per cent of all admissions came in these groups (Table 90).

A fairly satisfactory comparison between the rate of discharges in the various mental groups is obtained in the number of discharges per 100 first admissions of the same mental status. Table 102 and Graph 11 show the discharge rates for 1932. For all mental classes and both sexes the rate of discharge is 48.2 cases for each 100 first admissions. The rate for males is 63.6, being higher than that of females, 35.9. The highest rate of discharge is noted in male morons, 73.8 per 100 first admissions of the same mental status; the lowest in female morons, 27.0. The rates for males are higher in the imbecile, moron and not mentally defective groups, while the rates for females are higher in the idiot group only.

TABLE 102. — *Mental Status of Patients Discharged from State Schools, 1932; Rates per 100 First Admissions of Same Mental Status.*¹

MENTAL STATUS	FIRST ADMISSIONS			DISCHARGES						DISCHARGE RATE PER 100 FIRST ADMISSIONS SAME MENTAL STATUS		
				MALES		FEMALES		TOTAL				
	M.	F.	T.	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	M.	F.	T.
Idiot	26	14	40	9	9.2	9	13.0	18	10.8	34.6	64.2	45.0
Imbecile	35	47	82	21	21.4	22	31.9	43	25.7	60.0	46.8	52.4
Moron	84	122	206	62	63.3	33	47.8	95	56.9	73.8	27.0	46.1
Not Mentally Defective	9	9	18	6	6.1	5	7.3	11	6.6	66.6	55.5	61.1
Total	154	192	346	98	100.0	69	100.0	167	100.0	63.6	35.9	48.2

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.



GRAPH 11. — *MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1932; RATES PER 100 ADMISSIONS OF SAME MENTAL STATUS.*

**AVERAGE TIME IN STATE SCHOOLS DURING PRESENT ADMISSION OF PATIENTS
DISCHARGED DURING 1932, BY MENTAL STATUS**

Table 103 gives the average time on the books of State schools, the average time spent out on visit, and the net time spent within the institutions for all cases discharged from State schools during 1932, by mental status and sex. The average time which these discharged cases spent on the books was 7.45 years; 7.73 years for males and 7.06 years for females. An average of 1.42 years was spent out of the institution on visit or parole; 1.42 years for males and 1.43 years for females. The average net time spent within the institution was 6.03 years; 6.31 years for males and 5.63 years for females.

TABLE 103. — Average Net Time in Years Within Institution during this Admission and Mental Status of All Patients Discharged, 1932.¹

MENTAL STATUS	TOTAL DISCHARGES			AVERAGE IN YEARS								
				AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT ²			NET TIME WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	9	9	18	9.38	5.17	7.28	.70	.36	.53	8.68	4.81	6.75
Imbecile	21	22	43	8.35	5.47	6.88	1.05	.94	1.00	7.30	4.53	5.88
Moron	62	33	95	7.77	8.58	8.05	1.75	1.91	1.80	6.02	6.67	6.25
Not Mentally Defective .	6	5	11	2.63	7.50	4.84	.38	2.30	1.25	2.25	5.20	3.59
Total	98	69	167	7.73	7.06	7.45	1.42	1.43	1.42	6.31	5.63	6.03

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.

²While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

The idiots showed the longest average net time within the institution, or 6.75 years. Next in order were the moron group with 6.25 years; imbeciles, 5.88 years, and the not mentally defective group, 3.59 years. The idiot and imbecile males remained longer than the females. In the other two mental groups, however, the females showed a longer average stay within institutions.

It is interesting to compare the average length of hospital stay of patients with mental diseases discharged during the same year. We found in Table 59 that the average length of hospital stay for mental patients was one and one quarter years. On the average, cases of mental deficiency remained five times as long in State schools as mental cases remained in mental hospitals.

TABLE 104. — Average Net Time Within State Schools, All Patients Discharged, 1932, by School.¹

STATE SCHOOLS	AVERAGE NET TIME IN YEARS		
	M.	F.	T.
Belchertown	4.09	2.36	3.23
Walter E. Fernald	7.08	10.43	7.74
Wrentham	5.46	4.97	5.12
Total	6.31	5.63	6.03

¹Includes all patients discharged, irrespective of mental status.

**AVERAGE TIME WITHIN STATE SCHOOLS, BY SCHOOL; ALL PATIENTS DISCHARGED,
1932**

Table 104 gives the average net time which all patients discharged during 1932 spent in particular schools. Belchertown presented the shortest average length of stay, with 3.23 years. The Walter E. Fernald State School revealed the longest average stay, with 7.74 years. In this institution the females remained 3.35 years

longer than the males, the averages being 7.08 years for the males as compared with 10.43 years for the females. Wrentham was intermediate with an average length of school stay of 5.12 years; males 5.46 years, and females 4.97 years.

AVERAGE TIME ON BOOKS BY AGE AT ADMISSION; ALL PATIENTS DISCHARGED DURING 1932

Table 105 shows the total time spent on the books of all cases discharged, by age at admission. The longest time on the books was spent by cases who were admitted between 25 and 29 years of age, 9.54 years. Those who were admitted under 5 years spent an average of 8.53 years on the books of State schools, while those admitted between the ages 15-19 years spent the next longest average time on the books, 8.41 years.

TABLE 105.—Average Time on the Books of All Cases Discharged During 1932, by Age at Admission and Sex.

AGE AT ADMISSION	NUMBER			AVERAGE TIME ON BOOKS		
	M.	F.	T.	M.	F.	T.
Under 5 years	3	4	7	19.33	.43	8.53
5-9 years	24	17	41	8.32	4.42	6.70
10-14 years	44	20	64	8.00	7.50	7.84
15-19 years	16	15	31	5.36	11.67	8.41
20-24 years	4	3	7	3.38	5.83	4.43
25-29 years	6	5	11	7.92	11.50	9.54
30-34 years	—	2	2	—	2.45	2.45
35-39 years	—	3	3	—	1.80	1.80
40-44 years	—	—	—	—	—	—
45 years and over	1	—	1	1.50	—	1.50
Total	98	69	167	7.73	7.06	7.45

It will be observed from this table that the greatest number of discharges during this year occur in cases who were admitted up to 19 years of age. These cases show an average time spent on the books of approximately seven years. The average time on books for all cases discharged is 7.45 years; 7.73 years for males and 7.06 years for females.

AVERAGE NUMBER OF TIMES OUT ON VISIT THIS ADMISSION, ALL PATIENTS DISCHARGED DURING 1932

Table 106 discusses the average number of times out on visit during this admission for all patients discharged from State schools during the year 1932, by school. As stated before, the total number of discharges from all schools for the year was 167. Walter E. Fernald State School discharged the largest number with 81, and Belchertown State School the fewest with 32.

TABLE 106.—Average Number of Times Out on Visit During This Admission of All Patients Discharged from State Schools, 1932, by School.¹

STATE SCHOOLS	NUMBER	AVERAGE TIMES OUT
Belchertown	32	1.81
Walter E. Fernald	81	3.93
Wrentham	54	2.29
Total	167	3.00

¹Includes all patients discharged, irrespective of mental status.

The highest average number of times out on visit occurred in the Walter E. Fernald State School discharges, an average of 3.93. Wrentham State School is next in order with an average of 2.29 visits per discharge, and Belchertown the

lowest with an average of 1.81. For all schools we note that all discharges during the year averaged 3.00 visits during this particular admission.

Section J. Deaths Occurring in State Schools for the Mentally Deficient during 1932

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1932.

NUMBER OF DEATHS IN STATE SCHOOLS, 1932, BY SCHOOL; RATES PER 1,000 CASES UNDER TREATMENT

A total of 63 cases died in all State schools during the last statistical year; 26 males and 37 females; (Table 107). Wrentham State School presented the largest number of deaths with 33. Next in order is Walter E. Fernald with 21 deaths, and lastly Belchertown with 9 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 13 persons; 11 deaths per 1,000 males and 14 deaths per 1,000 females under treatment.

TABLE 107.— *Number of Deaths at State Schools, 1932, by School; Rate per 1,000 under Treatment.*¹

STATE SCHOOLS	NUMBER						PERCENT			RATES PER 1,000 UNDER TREATMENT		
	UNDER TREATMENT			DEATHS								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	523	753	1,276	2	7	9	22.2	77.8	100.0	3.	9.	7.
Walter E. Fernald	1,119	677	1,796	13	8	21	61.9	38.1	100.0	11.	11.	11.
Wrentham	687	1,037	1,724	11	22	33	33.3	66.7	100.0	16.	21.	19.
Total	2,329	2,467	4,796	26	37	63	41.3	58.7	100.0	11.	14.	13.

¹Includes all deaths irrespective of I. Q. Cases under treatment are obtained by adding Resident Population on September 30, 1932, Discharges during the year 1932, and the number of Patients Dying during the year 1932.

Wrentham presents the highest rate with 19 deaths per 1,000 patients. Walter E. Fernald is next with 11 patients dying per each 1,000 under treatment, and Belchertown is last with a rate of 7. We observe that there is a slight variation in the death rate for the sexes.

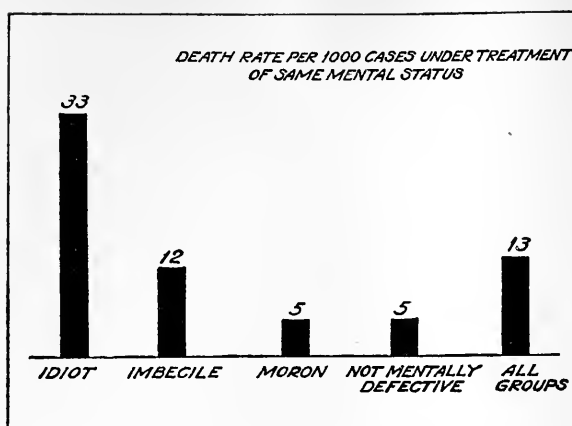
MENTAL STATUS OF PATIENTS DYING IN STATE SCHOOLS, 1932; DEATH RATE PER 1,000 CASES UNDER TREATMENT

Of the total 63 deaths which occurred during the year, 30 were in the idiot group, 21 in the imbecile classification, 11 in the moron group, and 1 in the not mentally defective group, (Table 108 and Graph 12).

TABLE 108.— *Mental Status of Patients Dying in State Schools, 1932; Rates per 1,000 under Treatment of Same Mental Status.*¹

MENTAL STATUS	NUMBER						RATES		
	UNDER TREATMENT			DEATHS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	502	382	884	16	14	30	31.	36.	33.
Imbecile	842	871	1,713	9	12	21	10.	13.	12.
Moron	908	1,118	2,026	1	10	11	1.	8.	5.
Not Mentally Defective	77	96	173	—	1	1	—	10.	5.
Total	2,329	2,467	4,796	26	37	63	11.	14.	13.

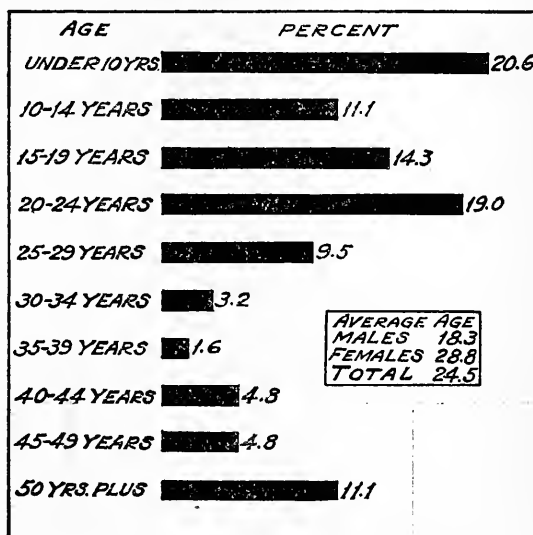
¹Cases under treatment are obtained by adding Resident Population on September 30, 1932, Discharges during the year 1932, and the number of Patients Dying during 1932.



GRAPH 12. — PATIENTS DYING IN STATE SCHOOLS, 1932.
RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL
STATUS.

We observe that 13 patients died per 1,000 cases under treatment. The death rate was highest in the idiot group, 33. The imbecile group presented the intermediate figure of 12, and the moron and not mentally defective groups presented a death rate of 5 deaths each per 1,000 under care. We observe that the death rate for this year among the imbeciles is over twice that of the morons, while the death rate among the idiots is over six times that of the moron classification.

Comparing the total death rate of 13 persons per 1,000 cases under treatment with the death rate of 66 per 1,000 cases under treatment in hospitals for mental diseases (Table 61), we note that the death rate in mental hospitals is approximately five times as high as that observed in the State schools.



GRAPH 13. — PERCENTAGE DISTRIBUTION, BY AGES, OF
MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING
1932.

AGE OF PATIENTS DYING IN STATE SCHOOLS, 1932, BY MENTAL STATUS

The average age of patients who died in State schools during the statistical year 1932 was 24.5 years; 18.3 years for males and 28.8 for females, (Table 109). The average age for idiots was 21.9 years; males 20.7 years and females 23.3 years.

TABLE 109.— *Percentage Distribution of Ages in All Patients who Died in State Schools, 1932, by Mental Status.*

Age Groups	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	11.5	5.4	7.9	12.5	7.1	10.0	11.1	8.3	9.5	100.0	—	—	—	—	—
5-9 years	15.4	10.8	12.7	12.5	28.7	20.0	11.1	—	4.8	—	—	—	—	—	—
10-14 years	19.3	5.4	11.1	12.5	7.1	10.0	33.4	—	14.3	—	—	—	—	—	—
15-19 years	11.5	16.2	14.3	12.5	14.3	13.3	11.1	16.7	14.3	—	10.0	9.1	—	—	—
20-24 years	23.1	10.8	19.0	25.1	14.3	20.0	22.2	33.3	28.5	—	20.0	18.2	—	—	—
25-29 years	7.7	10.8	9.5	6.2	7.1	6.7	11.1	16.7	14.3	—	10.0	9.1	—	—	—
30-34 years	—	5.4	3.2	—	—	—	—	—	—	—	20.0	18.2	—	—	—
35-39 years	3.8	—	1.6	6.2	—	3.3	—	—	—	—	—	—	—	—	—
40-44 years	—	8.2	4.8	—	—	—	—	—	—	—	20.0	18.2	—	100.0	100.0
45-49 years	7.7	2.7	4.8	12.5	7.1	10.0	—	—	—	—	—	—	—	—	—
50-54 years	—	5.4	3.2	—	—	—	—	8.3	4.8	—	10.0	9.1	—	—	—
55-59 years	—	2.7	1.6	—	—	—	—	—	—	—	10.0	9.0	—	—	—
60 years and over	—	10.8	6.3	—	14.3	6.7	—	16.7	9.5	—	—	—	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0
Average Age	18.3	28.8	24.5	20.7	23.3	21.9	15.3	30.1	23.8	7.5	33.5	31.1	—	42.5	42.5

TABLE 110. — *Percentage Distribution of Length of Time in Residence during All Admissions of All Patients Dying in State Schools, 1932, by Mental Status.*

DURATION OF SCHOOL RESIDENCE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	23.1	10.8	15.9	18.8	21.5	20.0	33.4	16.7	14.3	—	10.0	9.1	—	—	—
1 year	11.5	10.8	11.1	6.2	7.1	6.7	11.1	—	14.3	100.0	10.0	18.2	—	—	—
2 years	7.7	2.7	4.8	6.2	7.1	6.7	11.1	—	4.8	—	—	—	—	—	—
3 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 years	3.8	2.7	3.2	—	—	—	11.1	8.3	9.5	—	—	—	—	—	—
5-9 years	23.1	21.7	22.2	25.0	28.6	26.7	22.2	16.7	19.0	—	20.0	18.2	—	—	—
10-14 years	11.6	16.2	14.3	18.8	7.1	13.3	—	16.7	9.5	—	20.0	18.2	—	—	—
15-19 years	11.6	5.4	7.9	12.6	—	6.7	11.1	16.7	14.2	—	—	—	100.0	100.0	—
20-24 years	—	16.2	9.5	—	14.3	6.7	—	8.3	4.8	—	30.0	27.2	—	—	—
25-29 years	3.8	2.7	3.2	6.2	—	3.3	—	8.3	4.8	—	—	—	—	—	—
30-34 years	3.8	—	1.5	6.2	—	3.3	—	—	—	—	—	—	—	—	—
35-39 years	—	5.4	3.2	—	7.1	3.3	—	—	—	—	10.0	9.1	—	—	—
40 years and over	—	5.4	3.2	—	7.1	3.3	—	8.3	4.8	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0
Average Residence in Years	8.1	13.7	11.4	10.4	12.3	11.3	4.6	14.6	10.3	1.5	14.7	13.5	—	12.5	12.5

For imbeciles the average age was 23.8 years; males 15.3 years and females 30.1 years. For morons the average age was 31.1 years; 7.5 years for males and 33.5 years for females. The average age at death of the not mentally defective group was 42.5 years. The lowest average age at death occurs in the idiots, 21.9 years, and the highest average age among the morons 31.1 years. Inasmuch as only one death occurred among those cases not mentally defective, this group is not considered.

Graph 13 outlines the percentage distribution of deaths by age groups. We observe that 20.6 per cent of all deaths occurred under the age of ten years, while 10.8 per cent of discharges left the school at these ages, (Table 99).

DURATION OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1932

The average length of school residence during all admissions of patients dying during 1932 is 11.4 years; 8.1 years for males and 13.7 years for females, (Table 110). The longest period of residence is observed among the morons, 13.5 years; 1.5 years for males and 14.7 years for females. The idiots remained the next longest period, 11.3 years; 10.4 years for males and 12.3 years for females. (The not mentally defective group contained only one case and is not of sufficient importance to be considered in this average.) The imbeciles remained the shortest time, 10.3 years; 4.6 years for males and 14.6 years for females. It will be noted that the average length of residence of females is higher than that of the males in each mental status group.

TABLE 111. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools during 1932.*

CAUSES OF DEATH	TOTAL	IDIOT	IMBECILE	MORON	NOT MENTALLY DEFECTIVE
Epidemic, Endemic and Infectious Diseases:					
Influenza	1.6	3.3	—	—	—
Tuberculosis of respiratory system	41.3	36.7	52.3	36.3	—
Other forms of tuberculosis	3.2	3.3	—	9.1	—
General Diseases not Included in Class 1:					
Cancer	3.2	—	4.7	—	100.0
Other general diseases	1.6	—	4.7	—	—
Diseases of the Nervous System:					
Diseases of spinal cord	4.7	10.1	—	—	—
Epilepsy	4.7	6.7	—	9.1	—
Diseases of the Circulatory System:					
Endocarditis and myocarditis	12.6	6.7	9.5	36.4	—
Diseases of the heart	1.6	—	—	9.1	—
Diseases of the Respiratory System:					
Bronchopneumonia	4.7	6.7	4.8	—	—
Lobar pneumonia	3.2	3.3	4.8	—	—
Pleurisy	1.6	3.3	—	—	—
Other diseases of respiratory system	1.6	—	4.8	—	—
Diseases of the Digestive System:					
Diarrhea and enteritis	3.2	6.7	—	—	—
Appendicitis and typhlitis	1.6	—	4.8	—	—
Hernia and intestinal obstruction	1.6	3.3	—	—	—
Non-Veneral diseases of the Genito-Urinary System and Annexa:					
Chronic nephritis	3.2	3.3	4.8	—	—
Diseases of the Bones and of the Organs of Locomotion:					
Malformations	1.6	3.3	—	—	—
External Causes:					
Accidental traumatism	3.2	3.3	4.8	—	—
Total — All Causes	100.0	100.0	100.0	100.0	100.0

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1932

Table 111 gives the percentage distribution of all causes of death of patients who died at State schools in 1932, by mental status. Causes of death showing the highest proportions are: tuberculosis of the lungs, 41.3 per cent; endocarditis and myocarditis, 12.6 per cent; and bronchopneumonia, diseases of the spinal cord, and epilepsy, 4.7 per cent each. In considering the individual mental status groups, we observe that the more prevalent causes of death in the idiot group are tuber-

culosis of the lungs, 36.7 per cent; diseases of the spinal cord, 10.1 per cent; and epilepsy, endocarditis and myocarditis, bronchopneumonia and diarrhea and enteritis, 6.7 per cent each. The imbecile group presents the following causes of death as most important: tuberculosis of the lungs, 52.3 per cent; and endocarditis and myocarditis, 9.5 per cent. Very few cases died in the moron and not mentally defective groups, and discussion of causes of death of these groups is not justified.

It appears that disorders of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1932. We observe that 57.2 per cent of all deaths were due to respiratory diseases of some type.

Section K. All Cases in Residence in State Schools on September 30, 1932

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1932.

ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1932

On September 30, 1932, 4,566 individuals were in residence in the three State schools; 2,205 males and 2,361 females. Belchertown State School contributed 1,235, Walter E. Fernald State School, 1,694, and Wrentham State School 1,637, (Table 112).

TABLE 112. — *All Patients in Residence in State Schools, 1932, by School.*¹

STATE SCHOOLS	NUMBER IN RESIDENCE			PERCENT		
	M.	F.	T.	M.	F.	T.
Belchertown	505	730	1,235	40.9	59.1	100.0
Walter E. Fernald	1,041	653	1,694	61.5	38.5	100.0
Wrentham	659	978	1,637	40.3	59.7	100.0
Total	2,205	2,361	4,566	48.3	51.7	100.0

¹Includes all patients in residence, irrespective of mental status.

The Walter E. Fernald State School presents the larger percentage of males in residence; 61.5 per cent males, and 38.5 per cent females. Belchertown with 40.9 per cent males and 59.1 per cent females, and Wrentham with 40.3 per cent males and 59.7 per cent females, present larger percentages of females in residence.

TABLE 113. — *Age at Admission and Average Length of School Stay of All Patients in Residence, 1932.*¹

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	119	79	198	8.21	7.83	8.06
5-9 years	792	464	1,256	9.08	9.45	9.22
10-14 years	741	654	1,395	9.73	8.98	9.37
15-19 years	345	561	906	10.00	8.63	9.15
20-24 years	98	285	383	9.41	10.00	9.85
25-29 years	46	132	178	9.73	9.11	9.27
30-34 years	22	85	107	9.18	8.75	8.84
35-39 years	20	55	75	9.05	7.71	8.07
40-44 years	12	26	38	6.14	7.26	6.90
45-49 years	6	9	15	7.00	8.83	8.10
50-54 years	2	7	9	6.00	6.64	6.50
55-59 years	2	3	5	6.00	7.50	6.90
60 years and over	—	1	1	—	1.50	1.50
Total	2,205	2,361	4,566			
Average Admission Age and Average Length of Residence	12.5	16.4	14.5	9.40	9.01	9.20

¹Includes all patients in residence, irrespective of mental status.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN
RESIDENCE, 1932

Table 113 presents material on the age at admission and average length of school stay of all cases in residence in State schools on September 30, 1932, by sex. Of the resident population we observe that 1,395 cases were admitted to the State schools between the ages of 10 and 14 years; 1,256 were admitted between the ages of 5 and 9 years; and 906 between 15 and 19 years. A total of 2,849, or 62 per cent of all resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age 30.

In comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5-9 years, and 10-14 years, a total of 1,652 of the resident males being admitted during these ages as compared with 1,197 for the females. However, in admission ages above 15 years, we find the females predominating, or 1,164 cases of the resident females admitted in these age groups as compared with 553 for the males. Males tend to be admitted under the age of 14 years, as 74 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages show a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.5 years; for the females 16.4 years, and for the males 12.5 years.

In turning to the second section of this table, we note that cases admitted between 20 and 24 years have remained the longest average time, that of 9.85 years. Cases admitted in the age groups 5-9 years, 10-14 years, 15-19 years and 25-29 years also have relatively long average periods of residence. There is a slight decrease in school stay of cases admitted after the age of 29 years. The shortest average length of residence occurs in the group admitted between the ages of 50 and 54 years, an average of 6.50 years. Cases admitted at 60 and over are not considered inasmuch as only one case fell within this grouping.

TABLE 114. — *Present Age and Average Length of School Stay of All Patients in Residence, 1932.*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	16	12	28	.99	.78	.90
5-9 years	221	144	365	2.00	1.90	1.96
10-14 years	440	269	709	4.13	3.59	3.92
15-19 years	489	480	969	6.29	5.00	5.65
20-24 years	383	413	796	9.48	7.69	8.55
25-29 years	215	353	568	13.02	10.36	11.37
30-34 years	161	225	386	15.53	12.42	13.72
35-39 years	94	193	287	18.68	14.67	15.98
40-44 years	78	125	203	22.36	16.33	18.65
45-49 years	44	69	113	23.89	17.81	20.18
50-54 years	38	31	69	31.71	25.53	28.93
55-59 years	21	26	47	24.23	21.82	22.90
60-64 years	4	12	16	41.62	23.04	27.68
65-69 years	1	8	9	7.50	32.81	30.00
70 years and over	—	1	1	—	1.50	1.50
Total	2,205	2,361	4,566			
Average Present Age and Average Length of Residence	21.7	25.2	23.5	9.40	9.01	9.20

Includes all patients in residence, irrespective of mental status.

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS
IN RESIDENCE, 1932

Table 114 compares the *present* age and average length of school stay of patients in residence on September 30, 1932. Here it will be observed that the majority of resident cases fell in the age group 15-19 years, with 969 patients within that classification on September 30, 1932. Seven hundred and ninety-six patients are found to be within the age group 20-24 years, while 709 patients are found in the age group 10-14 years. Whereas we found in the previous table (Table 113) that the majority of cases fell in the age group 5-19 years at admission, Table 114 indicates that the present age of these patients shows the greater numbers in the age groups 10-24 years, a difference of five years.

The longest average length of residence is found among those cases whose present age is between 50 and 54 years, 23.93 years. (The age group 65-69 years is excluded because of the few cases concerned). The age groups 55-59 years and 60-64 years are next in order with 22.90 and 27.68 years, respectively. It is interesting to observe in this table the great increase in length of school stay as the present age of the patient increases, showing that many of these cases were admitted at comparatively young ages and have had long terms of residence within the State schools.

The average present age of resident patients is 23.5 years, making a difference of 9.0 years between this age and the average age at admission, 14.5 years. The average present age of males is 21.7 years, and that of the females 25.2 years, the females averaging 3.5 years older than the males.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1932, BY NATIVITY
AND PARENTAGE

The average admission age for all groups in the resident population is 14.5 years; 12.5 years for males and 16.4 years for females, (Table 115). The native-born of the resident population were admitted at ages approximately five years younger than the foreign born, or 14.3 years for native-born compared with 19.5 years for foreign born. However, the numbers of foreign born in our State schools are so small that a comparison of the figures based on parentage of the native-born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.7 years; 12.3 years for males and 15.0 years for females. The native-born of native parentage were admitted at an average age of 14.2 years; 12.3 years for males and 16.2 years for females. We noted previously that as a group the native-born were admitted at younger ages than the foreign born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at younger ages than the native-born of native parentage.

AVERAGE AGE AT ADMISSION AND AVERAGE PRESENT AGE OF ALL PATIENTS IN
RESIDENCE IN STATE SCHOOLS, 1932

Table 116 again shows the average admission age for all resident population, 14.5 years. The females averaged 3.9 years older than the males, or 16.4 years as compared with 12.5 years. The resident population of the Belchertown State School presented the highest average age at admission, that of 17.8 years. Walter E. Fernald State School was next in order with 13.5 years, and Wrentham State School the lowest, with 13.0 years. The largest sex difference is observed in the Wrentham State School, the females averaging 4.0 years older than the males at admission. The smallest difference is observed in the Belchertown State School, the females averaging 3.3 years older than the males, or 19.2 years for the females compared with 15.9 years for the males.

The average present age of the resident population is 23.5 years; 21.7 years for the males and 25.2 years for the females. In comparing the schools, we notice that there is more of a spread in the average present ages than in the average admission ages. This is due to the fact that different age-at-admission groups have remained different lengths of time within the institution. The highest average present age of the resident population is observed in the Fernald State School, 25.8 years, and the lowest at the Wrentham State School, 21.4 years. Belchertown held an intermediate position with an average present age of 23.0 years.

TABLE 115. — Admission Age of All Patients in Residence, 1932, by Nativity and Parentage; Percentage Distribution.¹

ADMISSION AGE	AGGREGATE			TOTAL			NATIVE BORN					
							NATIVE			FOREIGN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	5.8	3.4	4.3	5.6	3.5	4.6	6.0	5.2	5.6	4.8	2.9	3.8
5-9 years	35.9	19.6	27.5	36.3	20.3	28.1	37.6	19.7	28.7	36.8	25.6	30.9
10-14 years	33.6	27.7	30.6	33.4	28.1	30.6	33.4	27.3	30.4	34.4	29.5	31.8
15-19 years	15.6	23.7	19.8	15.4	23.9	19.8	13.1	22.8	17.9	16.2	22.3	19.4
20-24 years	4.4	12.2	8.5	4.5	11.9	8.3	4.7	11.4	7.9	4.4	9.3	7.0
25-29 years	2.0	5.6	4.0	2.0	5.4	3.7	1.6	5.4	3.5	1.5	5.0	3.4
30-34 years	.9	3.6	2.3	.9	3.3	2.1	1.3	3.7	2.6	.5	3.1	1.9
35-39 years	.9	2.3	1.6	.8	2.0	1.4	1.4	2.2	1.8	.5	.9	.7
40-44 years	.5	1.1	.8	.6	1.0	.8	.8	1.3	1.1	.3	.8	.6
45-49 years	.3	.4	.3	.3	.3	.3	—	.5	.2	.3	.2	.2
50-54 years	.1	.2	.2	.1	.2	.2	—	.2	.1	.3	.2	.1
55-59 years	.1	.1	.1	.1	.1	.1	.1	.2	.2	—	.2	.1
60 years and over	—	.04	.02	—	.04	.02	—	.1	.05	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	12.5	16.4	14.5	12.4	16.0	14.3	12.3	16.2	14.2	12.3	15.0	13.7

¹Includes all patients in State Schools, irrespective of mental status.

TABLE 115. — Admission Age of All Patients in Residence, 1932, by Nativity and Parentage; Percentage Distribution.¹ — Concluded.

Admission Age	NATIVE BORN — Con						FOREIGN BORN			NATIVITY UNKNOWN		
	PARENTAGE — Con.											
	MIXED			UNKNOWN								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	6.3	2.7	4.5	3.2	—	1.3	—	—	—	—	—	—
5-9 years	35.4	18.8	26.8	26.9	6.1	14.7	26.2	5.0	12.8	34.8	35.8	35.2
10-14 years	31.4	28.8	30.1	38.7	22.1	29.1	39.2	22.7	28.7	39.1	14.3	29.7
15-19 years	17.2	25.3	21.4	21.5	31.3	27.2	18.8	22.7	21.3	26.1	14.3	21.6
20-24 years	4.0	12.5	8.4	6.5	25.2	17.5	4.3	16.0	11.7	—	7.1	2.7
25-29 years	3.3	5.3	4.3	1.1	6.9	4.5	4.3	9.2	7.4	—	14.3	5.4
30-34 years	3.7	2.6	1.6	1.1	3.8	2.7	4.3	10.1	8.0	—	7.1	2.7
35-39 years	.5	2.4	1.5	—	3.8	2.2	2.9	8.4	6.4	—	—	—
40-44 years	.7	.8	.4	—	.8	.4	—	3.4	2.1	—	—	—
45-49 years	.5	.3	.2	1.1	—	.4	—	1.7	1.1	—	—	—
50-54 years	.5	.5	.2	—	—	—	—	.8	.5	—	—	—
55-59 years	.2	.5	.1	—	—	—	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	12.5	16.2	14.4	13.3	19.2	16.7	14.8	22.4	19.5	12.0	17.5	14.1

¹Includes all patients in State Schools, irrespective of mental status.

TABLE 116. — *Average Age at Admission and Average Present Age of All Patients in Residence in State Schools, 1932, by School.*¹

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Belchertown	15.9	19.2	17.8	21.5	24.0	23.0
Walter E. Fernald	12.0	15.9	13.5	23.9	29.0	25.8
Wrentham	10.6	14.6	13.0	18.5	23.5	21.4
Total	12.5	16.4	14.5	21.7	25.2	23.5

¹Includes all patients in residence, irrespective of mental status.

MENTAL STATUS OF CASES IN RESIDENCE, 1932

Table 117 shows that 18.3 per cent of the resident population of all schools belonged in the idiot group, 36.1 per cent in the imbecile group, 42.0 per cent in the moron group and 3.6 per cent in the group not mentally defective.

Walter E. Fernald State School had the largest proportion of idiots, 22.1 per cent, and Belchertown the smallest, 14.2 per cent. Walter E. Fernald State School also presented the largest percentage of imbeciles, 39.0 per cent, and Belchertown the smallest, 30.0 per cent. Belchertown contained the highest proportion of morons, or 49.1 per cent, and Walter E. Fernald the lowest with 37.2 per cent. Belchertown had the highest proportion of patients not mentally defective with 6.4 per cent, and Walter E. Fernald the lowest with 1.7 per cent.

TABLE 117. — *Percentage Distribution and Mental Status of All Cases in Residence in State Schools on September 30, 1932, by School.*

MENTAL STATUS ¹	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	21.6	15.2	18.3	19.4	10.6	14.2	21.8	22.7	22.1	23.1	13.7	17.5
Imbecile	36.8	35.5	36.1	33.7	27.9	30.3	38.8	39.2	39.0	36.1	38.5	37.6
Moron	38.3	45.5	42.0	41.6	54.2	49.1	37.5	36.8	37.2	37.2	44.9	41.8
Not mentally defective	3.3	3.8	3.6	5.3	7.3	6.4	1.9	1.3	1.7	3.6	2.9	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average I. Q. . . . .	.43	.46	.45	.45	.51	.49	.42	.42	.42	.42	.46	.44

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, .49-.74; Not Mentally Defective, I. Q. .75 and over.

In considering the intelligence quotient of all patients in residence, we observe that the average for both sexes is .45; .43 for the males and .46 for the females. The highest average intelligence quotient for both sexes is seen at Belchertown, that of .49, while the lowest is seen at the Walter E. Fernald State School, that of .42. Wrentham occupies an intermediate position with an average intelligence quotient of .44 for both sexes. Belchertown presents the largest difference in average intelligence quotient between the sexes, the females averaging 6 points higher than the males, or .51 and .45 respectively.

INTELLIGENCE QUOTIENT AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1932

The intelligence quotient distribution of the resident population is shown in Table 118. In the total we observe that 926 patients fell in the I. Q. group .50-.59, 823 in the I. Q. group .40-.49, and 764 patients in the group .60-.69. Important sex differences are observed. With a fairly even number of both sexes in the resident population, we note that the males are in the majority in all I. Q. groups between 0 and .39; 40.6 per cent of resident males and 32.5 per cent of

resident females. The females predominate in the I. Q. groups .40-.89; 59.0 per cent of resident males as compared with 67.2 per cent of resident females. In the I. Q. groups .90 or higher, the males again present the largest numbers, although these are too few to warrant consideration.

The average present age of the resident population is 23.5 years. The females average 3.5 years older than the males or 25.2 years as compared with 21.7 years.

TABLE 118. — *Intelligence Quotient and Average Present Age of All Patients in Residence in State Schools on September 30, 1932.*¹

INTELLIGENCE QUOTIENT	NUMBER			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
0-.09	106	100	206	20.7	23.4	22.0
.10-.19	253	167	420	21.0	23.8	22.1
.20-.29	257	233	490	24.2	25.5	24.8
.30-.39	281	268	549	26.7	25.9	26.3
.40-.49	395	428	823	24.8	29.1	27.1
.50-.59	419	507	926	19.9	24.8	22.6
.60-.69	328	436	764	17.5	23.4	20.8
.70-.79	140	182	322	17.2	22.4	20.2
.80-.89	20	35	55	11.5	23.2	18.9
.90 and over	6	5	11	21.6	20.5	21.1
Total	2,205	2,361	4,566	21.7	25.2	23.5

¹Includes all patients in residence, irrespective of mental status.

The I. Q. group .40-.49 presents the highest present age, that of 27.1 years. The I. Q. group .80-.89 presents the lowest average present age, that of 18.9 years. There is a slight tendency for the lower I. Q. groups to present higher average present ages. There is a gradual rise to the I. Q. group .40-.49, and then a decrease for the higher I. Q. groups.

There is also a sex difference which is worthy of mention. The highest average present age for the females is noted in the I. Q. group .40-.49, that of 29.1 years; the lowest is observed in the group .70-.79, that of 22.4 years. (The I. Q. group .90 and over is excluded because of the small number of cases involved). Among the males the highest average present age is observed in the group .30-.39, 26.7 years, while the lowest is observed in the group .80-.89, that of 11.5 years. As we consider the average present age of the resident population of all State schools and for all I. Q. groups, we note little variation in the females, whatever the mental status. However, in the males we notice a slight tendency for the higher intelligence quotient groups to present lower average ages.

PRESENT AGE OF ALL PATIENTS IN RESIDENCE: PERCENTAGE DISTRIBUTION

Table 119 and Graph 14 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1932, by sex. The age group presenting the highest number of resident cases is that of 15-19 years, with 969 cases. Next in order is the age group 20-24 years, with 796 cases, and the 10-14 year group with 709 cases. We notice that the three groups, 10-14, 15-19 and 20-24 years, have a total of 2,474 cases. We may say then that 54 per cent of the resident population of State schools are between 10 and 24 years of age. The numbers decrease gradually to the oldest age group, there being one patient in State schools over 70 years of age. We note that a total of 142 patients in residence are 50 years of age or higher.

In considering the sex differences, we note that the males predominate in the younger age groups. In the age groups under 5 years, 5-9 years, 10-14 years and 15-19 years, we observe that there are 1,166 males in residence. For the same age groups there are only 905 females in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups over 20 years, with the exception of the age group 50-54 years. In these age groups, inclusive of the 50-54 year group, we note that there is a total of 1,039 males as compared with a total of 1,456 females. These differences are revealed somewhat in the average present age for both sexes, 23.5 years. The females average 3.5 years higher than the males, the average present age for the females being 25.2 years, and for the males 21.7 years.

TABLE 119. — *Present Age of Resident Population in State Schools on September 30, 1932, by School; Percentage Distribution.*¹

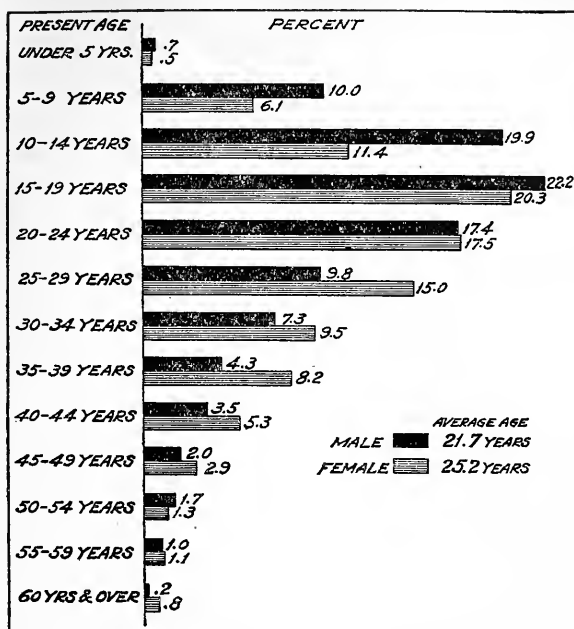
PRESENT AGE	ALL SCHOOLS						BELCHERTOWN					
	NUMBER			PERCENT			NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	16	12	28	7	.5	.6	3	2	5	.6	.3	.4
5-9 years	221	144	365	10.0	6.1	8.0	38	30	68	7.5	4.1	5.5
10-14 years	440	269	709	19.9	11.4	15.5	99	100	199	19.6	13.7	16.1
15-19 years	489	480	969	22.2	20.3	21.2	133	181	314	26.3	24.8	25.5
20-24 years	383	413	796	17.4	17.5	17.4	88	141	229	17.4	19.4	18.5
25-29 years	215	353	568	9.8	15.0	12.4	47	101	148	9.3	13.8	12.0
30-34 years	161	225	386	7.3	9.5	8.5	46	64	110	9.1	8.8	8.9
35-39 years	94	193	287	4.3	8.2	6.3	23	47	70	4.6	6.4	5.7
40-44 years	78	125	203	3.5	5.3	4.5	9	28	37	1.8	3.8	3.0
45-49 years	44	69	113	2.0	2.9	2.5	7	18	25	1.4	2.5	2.0
50-54 years	38	31	69	1.7	1.3	1.5	5	4	9	1.0	.5	.7
55-59 years	21	26	47	1.0	1.1	1.0	6	7	13	1.2	1.0	1.1
60-64 years	4	12	16	.2	.5	.4	—	4	4	—	.5	.3
65-69 years	1	8	9	.04	.3	.2	1	2	3	—	.3	.2
70 years and over	—	1	1	—	.04	.02	—	1	1	.2	.1	.1
Total	2,205	2,361	4,566	100.0	100.0	100.0	505	730	1,235	100.0	100.0	100.0
Average Present Age in Years	21.7	25.2	23.5				21.5	24.0	23.0			

¹Includes all patients in State Schools irrespective of mental status.

TABLE 119. — *Present Age of Resident Population in State Schools on September 30, 1932, by School; Percentage Distribution.*¹ — Concluded.

PRESENT AGE	WALTER E. FERNALD						WRENTHAM					
	NUMBER			PERCENT			NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	—	2	.2	—	.1	11	10	21	1.7	1.0	1.3
5-9 years	58	19	77	5.6	2.9	4.5	125	95	220	18.9	9.7	13.4
10-14 years	215	66	281	20.7	10.1	16.6	126	103	229	19.1	10.5	14.0
15-19 years	232	110	342	22.3	16.8	20.2	124	189	313	18.8	19.4	19.1
20-24 years	166	109	275	15.9	16.7	16.2	129	163	292	19.6	16.7	17.8
25-29 years	97	80	177	9.3	12.3	10.4	71	172	243	10.8	17.6	14.8
30-34 years	70	59	129	6.7	9.0	7.6	45	102	147	6.8	10.4	9.0
35-39 years	59	67	126	5.7	10.3	7.5	12	79	91	1.8	8.1	5.6
40-44 years	58	57	115	5.6	8.7	6.8	11	40	51	1.7	4.1	3.2
45-49 years	34	36	70	3.3	5.5	4.2	3	15	18	.5	1.5	1.1
50-54 years	31	22	53	2.9	3.4	3.1	2	5	7	.3	.5	.4
55-59 years	15	15	30	1.4	2.3	1.8	—	4	4	—	.4	.2
60-64 years	4	7	11	.4	1.1	.6	—	1	1	—	.1	.1
65-69 years	—	6	6	—	.9	.4	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,041	653	1,694	100.0	100.0	100.0	659	978	1,637	100.0	100.0	100.0
Average Present Age in Years	23.9	29.0	25.8				18.5	23.5	21.4			

¹Includes all patients in State Schools irrespective of mental status.



GRAPH 14.—PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS SEPTEMBER 30, 1932, BY SEX.

Walter E. Fernald State School shows the highest average present age of resident population with 25.8 years; 23.9 for males and 29.0 for females. Wrentham shows the lowest average, that of 21.4 years; 18.5 years for males and 23.5 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 14.7 per cent under 10 years of age; Belchertown, 5.9 per cent; and Walter E. Fernald State School, 4.6 per cent.

LENGTH OF SCHOOL RESIDENCE AND AVERAGE AGE AT ADMISSION OF ALL CASES IN RESIDENCE, 1932

In considering the length of time that all cases in residence have spent within the State schools, we note that the largest number, that of 1,510, falls in the group which has remained in residence between five and nine years, (Table 120). The second largest number, 504, is in the 10-14 year group. The smallest number, that of 28, is observed in the patients that have remained 35-39 years. Considering the difference between the sexes, we note that the females are in the majority among those patients remaining in the institution four years or less, 848 females as compared with 824 males. Among those cases remaining between five years and twenty-four years, we note that the females are again in the majority, or 1,417 cases among the females as compared with 1,236 cases among the males. In the groups remaining twenty-five years or more, we observe that the sex trend has shifted to the males and now the males are in the majority, or 145 cases for the males as compared with 96 cases for the females.

The second section of this table considers the average age at admission of groups remaining within the institutions for varying lengths of time. The highest average admission age, that of 16.25 years, occurs in the group which has remained between 5 and 9 years within institutions. The lowest average admission age, that of 12.28 years, is observed in the group which has remained in institutions 40 years or more. The average age at admission for all groups was 14.5 years. The females showed a slightly higher average age at admission than the males, 16.4 years as against 12.5 years.

The purpose of this table was to determine whether or not there was an association between the length of hospital stay of patients remaining in State schools and the average age at admission. In conclusion, we may say that it appears that the resident cases remaining for the shortest average time appear to be slightly younger at admission than the cases remaining for longer periods. There is a possibility that this finding may be due to an increasing tendency to admit children at younger ages. This would account for the high average admission age of children admitted to State schools ten or fifteen years previously.

TABLE 120. — *Length of School Residence and Average Age at Admission of All Patients in Residence in State Schools on September 30, 1932.*¹

LENGTH OF SCHOOL RESIDENCE	NUMBER			AVERAGE AGE AT ADMISSION		
	M.	F.	T.	M.	F.	T.
0- 5 months	94	101	195	10.65	15.53	13.18
6-11 months	61	92	153	11.63	16.11	14.33
1 year	189	237	426	11.10	15.13	13.34
2 years	150	204	354	11.76	14.50	13.33
3 years	129	108	237	11.34	16.29	13.60
4 years	201	106	307	13.34	16.63	14.48
5- 9 years	722	788	1,510	13.85	18.45	16.25
10-14 years	226	278	504	11.92	13.99	13.06
15-19 years	171	196	367	10.88	16.32	13.79
20-24 years	117	155	272	12.67	16.85	15.05
25-29 years	62	40	102	12.35	14.90	13.35
30-34 years	37	28	65	13.85	15.17	14.42
35-39 years	19	9	28	13.86	11.38	13.07
40 years and over	27	19	46	11.20	13.81	12.28
Total	2,205	2,361	4,566			
Average Duration of Residence and Average Age at Admission	9.40	9.01	9.20	12.5	16.4	14.5

¹Includes all patients in residence, irrespective of mental status.

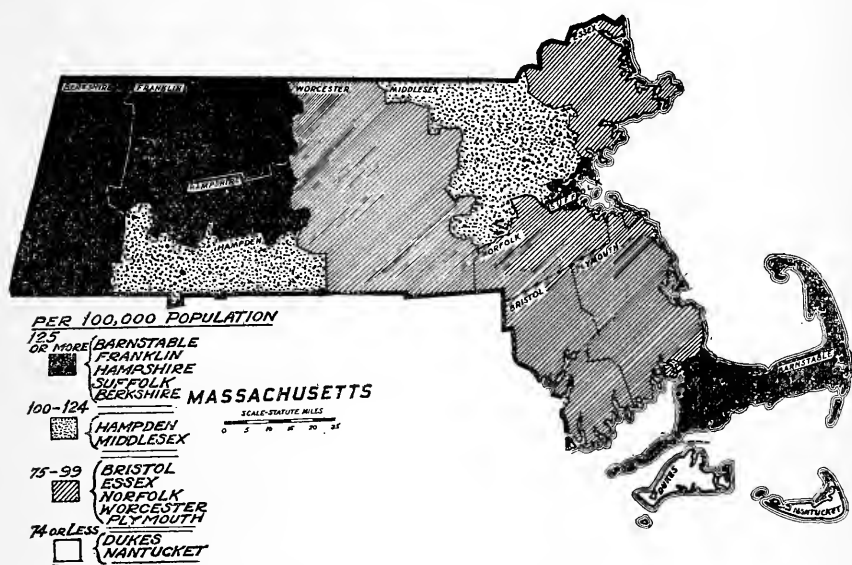
COUNTY OF RESIDENT OF ALL ADMISSIONS, 1932, AND RESIDENT POPULATION SEPTEMBER 30, 1932: RATES PER 100,000 STATE POPULATION

Table 121 and Graph 15 give the county of residence for all admissions during 1932, and also for all cases in residence on September 30, 1932. In the first section of this table we have calculated the number of persons admitted to the State schools in 1932 per 100,000 population of the same county of residence (1930 Census). We note that Hampshire and Berkshire Counties show the highest rates with 21 and 14 persons, respectively, admitted to State schools during 1932 per 100,000 of the population of these counties. (Although Dukes County shows a rate of 20, only one case was admitted from this county during the year and it is not considered in the discussion.) Next in order are Hampden, 12; Middlesex, 11; and Franklin with 10 persons admitted per 100,000 of the population of these counties. The rate of admission for all counties combined is 8. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the last statistical year.

The second section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1932, and also presents the rates per 100,000 of the population of these counties, (1930 Census). The counties having the highest proportionate representation in our State schools at the end of the statistical year were as follows: Franklin, with 191 persons in residence in State schools per 100,000 of the population of that county; Hampshire, 184; Barnstable, 142; Suffolk, 126; and Berkshire, 125. Counties presenting the lowest rates for patients in residence in State schools are: Nantucket, 27; Dukes, 40; and Plymouth, 78. The rate for the entire State was 107 persons in residence in State schools per 100,000 of the population of the State on April 1, 1930.

TABLE 121.— *County of Residence of All Admissions, 1932, and Resident Population on September 30, 1932; Rates per 100,000 of State Population.*

COUNTIES	ALL CASES ADMITTED DURING YEAR ¹			RATE PER 100,000 POPULATION OF SAME COUNTY	ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1932 ²			RATE PER 100,000 POPULATION OF SAME COUNTY
	M.	F.	T.		M.	F.	T.	
Barnstable	1	2	3	9.	15	31	46	142.
Berkshire	3	14	17	14.	60	92	152	125.
Bristol	11	11	22	6.	159	151	310	85.
Dukes	1	—	1	20.	1	1	2	40.
Essex	10	11	21	4.	220	225	445	89.
Franklin	1	4	5	10.	43	52	95	191.
Hampden	11	31	42	12.	187	180	367	109.
Hampshire	5	11	16	21.	54	80	134	184.
Middlesex	55	49	104	11.	508	524	1,032	110.
Nantucket	—	—	—	—	—	1	1	27.
Norfolk	12	9	21	7.	119	122	241	80.
Plymouth	4	6	10	6.	49	79	128	78.
Worcester	12	29	41	8.	238	238	476	96.
Suffolk	39	25	64	7.	540	574	1,114	126.
Non-Residents	1	1	2	—	12	11	23	—
Total	166	203	369	8.	2,205	2,361	4,566	107.

¹Does not include transfers.²Includes all cases in residence, irrespective of mental status.GRAPH 15.— *Patients Resident in State Schools, 1932. Rates per 100,000 Population of Same County.*

Graph 15 presents the patients resident in State schools on September 30, 1932, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State schools. As has been mentioned previously, Franklin has the largest proportion of population within State schools, and Hampshire and Barnstable counties are in second and third position, respectively. Nantucket County apparently has the lowest relative representation.

APPENDIX

Detailed Tables

A. Mental Diseases and Epilepsy (Tables 122-171)

B. Mental Deficiency (Tables 172-189)

Tables 122-189, Inclusive, are computed for the Statistical Year ended September 30, 1932.

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932.*¹

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1931	12,138	11,808	23,946	973	1,338	2,311	84	61	145	1,091	1,231	2,322
Cases Admitted during Year:												
Regular Commitment Cases:												
First Admissions	1,645	1,491	3,136	208	225	433	64	52	116	249	238	487
Readmissions	375	388	763	33	51	84	9	12	21	58	41	99
Total Admissions ²	2,020	1,879	3,899	241	276	517	73	64	137	307	279	586
Temporary Care Cases:												
First Admissions	831	680	1,511	67	39	106	613	578	1,191	72	28	100
Readmissions	213	164	377	15	17	32	166	131	297	17	8	25
Total Admissions	1,044	844	1,888	82	56	138	779	709	1,488	89	36	125
Observation Cases:												
First Admissions	401	141	542	18	3	21	160	44	204	42	25	67
Readmissions	120	83	203	20	18	38	30	25	55	14	14	28
Total Admissions	521	224	745	38	21	59	190	69	259	56	39	95
Voluntary Cases:												
First Admissions	146	104	250	—	—	—	25	14	39	—	—	—
Readmissions	63	45	108	—	—	—	9	14	23	—	—	—
Total Admissions	209	149	358	—	—	—	34	28	62	—	—	—
Total cases admitted by transfer during year	437	347	784	21	20	41	1	1	2	17	15	32
Total cases admitted during year	4,231	3,443	7,674	382	373	755	1,077	871	1,948	469	369	838
Total cases under treatment during year	16,369	15,251	31,620	1,355	1,711	3,066	1,161	932	2,093	1,560	1,600	3,160
Cases Discharged during Year:												
Regular Commitment Cases:												
As recovered	164	185	349	28	39	67	—	—	—	1	—	1
As improved*	559	517	1,076	44	37	81	32	18	50	99	109	208
As unimproved*	106	86	192	9	13	22	4	1	5	5	5	10
As not insane	42	18	60	3	4	7	1	—	1	2	—	2
Died	895	845	1,740	171	163	334	8	8	16	143	135	278
Total Discharges ³	1,766	1,651	3,417	255	256	511	45	27	72	250	249	499

*Excluding transfers.

¹In this and all the following tables for forms of admission included under Regular Commitment, Temporary Care, Observation and Voluntary Admissions, see pages 114 and 115 of text.²Includes 20 male and 13 female first admissions and 8 male and 8 female readmissions on Sane Dangerous 69 at Monson.³Includes 6 male and 4 female discharges, 4 male and 7 female deaths on Sane Dangerous 69.

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932.* — Continued.

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:												
As recovered:	91	9	100	6	1	7	48	4	52	24	2	26
As improved*:	220	160	380	10	6	16	189	138	327	12	11	23
As unimproved*:	453	506	959	41	30	71	392	448	840	9	8	17
As not insane:	243	143	386	17	11	28	147	110	257	35	8	43
Died:	41	23	64	9	9	18	10	3	13	9	7	16
Total Discharges:	1,048	841	1,889	83	57	140	786	703	1,489	89	36	125
Observation Cases:												
As recovered:	76	30	106	5	3	8	4	1	5	11	10	21
As improved*:	46	34	80	8	—	8	13	5	18	7	12	19
As unimproved*:	76	29	105	4	—	4	56	21	77	—	—	2
As not insane:	278	126	404	20	20	40	110	43	153	29	16	45
Died:	27	15	42	1	1	2	1	—	1	5	2	7
Total Discharges:	503	234	737	38	24	62	184	70	254	52	42	94
Voluntary Care Cases:												
As recovered:	8	4	12	—	—	—	1	—	1	—	—	—
As improved*:	44	36	80	—	—	—	14	13	27	—	—	—
As unimproved*:	54	33	87	—	—	—	3	3	6	—	—	—
As not insane:	46	26	72	—	—	—	11	15	26	—	—	—
Died:	32	26	58	—	—	—	—	—	—	—	—	—
Total Discharges:	184	125	309	—	—	—	29	31	60	—	—	—
Total cases discharged by transfer during year:	433	325	758	38	33	71	51	40	91	75	24	99
Total cases discharged during year:	3,934	3,176	7,110	414	370	784	1,095	871	1,966	466	351	817
Patients on books September 30, 1932:												
Regularly committed cases:	11,672	11,533	23,205	925	1,339	2,264	33	39	72	1,077	1,244	2,321
Temporary care cases:	17	13	30	—	—	—	11	13	24	1	—	—
Observation cases:	232	31	263	16	2	18	12	4	16	16	5	21
Voluntary cases:	514	498	1,012	—	—	—	10	5	15	—	—	—
Total on books:	12,435	12,075	24,510	941	1,341	2,282	66	61	127	1,094	1,249	2,343
Total number of patients actually in hospitals September 30, 1932:	11,370	10,867	22,237	844	1,219	2,063	44	35	79	974	1,101	2,075
Daily average population (including patients on escape, on visit and in family care):	12,263.31	11,935.80	24,199.11	937.76	1,324.68	2,262.44	70.89	61.08	131.97	1,118.60	1,233.93	2,352.53
Daily average population (excluding patients on escape, on visit and in family care):	11,222.38	10,824.57	22,046.95	848.76	1,205.91	2,054.67	41.78	38.42	80.20	983.61	1,088.07	2,071.68

Rated capacity of the hospitals	10,940	9,545	20,485	801	1,096	1,897	67	59	126	794	960	14,754
Patients on visit September 30, 1931	837	902	1,739	95	91	166	42	25	67	104	141	245
Patients on visit September 30, 1932	906	1,014	1,920	93	112	205	22	26	48	113	139	252
Daily average number of patients on visit during year	864.56	928.89	1,793.45	86.07	104.96	191.03	29.11	22.66	51.77	129.23	134.23	263.46
Patients on escape September 30, 1931	170	23	193	3	—	3	1	—	1	9	2	11
Patients on escape September 30, 1932	135	23	158	4	—	4	—	—	—	7	—	7
Daily average number of patients on escape during year	144.25	23.56	167.81	2.93	—	2.93	.35	—	.35	5.76	.67	6.43
Patients boarded out September 30, 1931	19	151	170	—	15	15	—	—	—	—	13	13
Patients boarded out September 30, 1932	24	171	195	—	10	10	—	—	—	—	9	9
Daily average number of patients boarded out during year	25.46	158.75	184.21	—	13.81	13.81	—	—	—	—	10.96	10.96
Ex-service men on books September 30, 1931	1,664	10	1,674	18	2	20	8	—	8	60	1	61
Ex-service men on books September 30, 1932	1,696	9	1,705	24	2	26	12	—	12	49	1	50
Daily average number on books during year	1,715.06	10.02	1,725.08	24.76	2.00	26.76	10.45	—	10.45	55	1	56
Daily average number actually in hospitals during year	1,558.13	9.62	1,567.75	23.16	2.00	25.16	10.45	—	10.45	48	1	49
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	9,377	9,260	18,637	771	1,052	1,823	44	34	78	863	853	1,716
Reimbursing	808	1,607	2,415	73	167	240	—	1	1	111	248	359
Ex-service patients for whom pay is received from the Federal Government	1,300	6	1,306	—	1	1	—	—	—	3	—	3
Non-insane patients actually in hospitals on September 30, 1931:	111	75	186	3	7	10	2	1	3	—	2	2
Mentally defective	388	348	736	—	—	—	—	2	2	—	—	—
Epileptic	115	42	157	8	5	13	13	11	24	13	7	20
Others												
Total	614	465	1,079	11	12	23	15	14	29	13	9	22
Non-insane patients actually in hospitals on September 30, 1932:												
Mentally defective	109	77	186	4	7	11	2	1	3	—	3	3
Epileptic	418	367	783	—	—	—	—	1	1	—	—	—
Others	82	36	118	10	7	17	7	5	12	7	2	9
Total	609	480	1,089	14	14	28	9	7	16	7	5	12

*Excluding Transfers

Cases Discharged during Year:

Regular Commitment Cases:														
As recovered	9	10	19	15	—	1	—	1	2	—	2	—	—	—
As improved	31	19	50	20	35	6	8	14	19	45	64	6	11	—
As unimproved	8	5	13	3	4	3	1	4	4	2	6	—	—	—
As not insane	—	—	—	1	3	—	—	—	—	—	—	—	—	—
Died	36	41	77	33	71	27	31	58	55	84	139	3	5	8
Total Discharges	84	75	159	51	113	37	41	78	80	131	211	8	11	19
Temporary Care Cases:														
As recovered	—	—	—	1	—	—	—	—	—	—	—	—	—	—
As improved	3	—	3	1	1	—	—	—	—	1	1	—	—	—
As unimproved	—	2	2	1	3	—	—	—	3	3	6	—	—	—
As not insane	2	—	2	8	10	—	—	—	7	2	9	—	—	—
Died	1	—	1	—	—	—	—	—	2	—	2	—	—	—
Total Discharges	6	2	8	11	15	—	—	—	12	6	18	—	—	—
Observation Cases:														
As recovered	4	2	6	1	1	—	—	—	3	—	3	—	—	—
As improved	4	3	7	1	1	—	—	—	2	1	3	—	—	—
As unimproved	—	1	1	—	—	—	—	—	—	—	—	—	—	—
As not insane	3	1	4	—	—	1	3	4	1	—	1	—	—	—
Died	1	—	1	—	—	—	—	—	1	—	1	—	—	—
Total Discharges	12	7	19	2	2	1	3	4	7	1	8	—	—	—
Voluntary Care Cases:														
As recovered	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As improved	—	—	—	2	4	—	—	—	—	—	—	—	—	—
As unimproved	—	—	—	1	3	—	—	—	1	—	1	—	—	—
As not insane	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	—	—	—	4	9	—	—	—	1	—	1	—	—	—

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932.* — Continued.

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	6	6	12	10	3	13	5	6	11	72	35	107	11	14	25
Total cases discharged during year	108	90	198	78	74	152	43	50	93	172	173	345	19	25	44
Patients on books September 30, 1932:															
Regularly committed cases	540	664	1,204	828	643	1,471	670	787	1,457	783	1,089	1,872	638	634	1,272
Temporary care cases	—	—	—	1	—	1	—	—	—	3	—	3	—	—	—
Observation cases	3	1	4	—	—	—	—	—	—	—	—	—	1	—	1
Voluntary cases	2	—	2	1	2	3	—	—	—	2	1	3	—	—	—
Total on books	545	665	1,210	830	645	1,475	670	787	1,457	788	1,090	1,878	639	634	1,273
Total number of patients actually in hospitals September 30, 1932.	492	614	1,106	785	542	1,327	661	767	1,428	739	1,007	1,746	615	615	1,230
<i>Averages</i>															
Daily average population (including patients on escape, on visit and in family care)	531.11	641.80	1,172.91	787.19	607.81	1,395.00	646.47	796.90	1,443.37	797	1,084	1,881	595.63	616.28	1,211.91
Daily average population (excluding patients on escape, on visit and in family care)	477.31	596.63	1,073.94	741.72	514.29	1,256.01	636.30	778.40	1,414.70	757	1,014	1,771	579.6	601.4	1,181.0
Rated capacity of the hospitals	498	477	975	674	444	1,118	591	561	1,152	646	918	1,564	676	624	1,300
Patients on visit September 30, 1931	37	34	71	24	34	58	6	9	15	23	53	76	7	8	15
Patients on visit September 30, 1932	38	48	86	20	30	50	7	14	21	32	60	92	18	19	37
Daily average number of patients on visit during year	34.82	42.73	77.55	21.71	29.07	50.78	7.32	10.50	17.82	25	49	74	11.2	14.8	26.0

Patients on escape September 30, 1931	18	1	19	17	1	18	1	-	1	14	14	28	6	-	6
Patients on escape September 30, 1932	15	3	18	19	1	20	-	-	-	17	13	30	6	-	6
Daily average number of patients on escape during year	18.98	2.44	21.42	17.42	1.00	18.42	.85	-	.85	15	13	28	4.83	.08	4.91
Patients boarded out September 30, 1931	-	-	-	5	64	69	2	9	11	-	8	8	-	-	-
Patients boarded out September 30, 1932	-	-	-	6	72	78	2	6	8	-	10	10	-	-	-
Daily average number of patients boarded out during year	-	-	-	6.32	63.44	69.76	2.00	8.00	10.00	-	8	8	-	-	-
Ex-service men on books September 30, 1931	25	1	26	13	-	13	4	-	4	13	-	13	18	-	18
Ex-service men on books September 30, 1932	27	1	28	14	-	14	7	-	7	26	-	26	23	-	23
Daily average number on books during year	28.80	1.00	29.80	12.83	-	21.83	8.06	-	8.06	26.33	-	26.33	23.08	-	23.08
Daily average number actually in hospitals during year	25.41	1.00	26.41	11.58	-	11.58	6.28	-	6.28	25.33	-	25.33	22.5	-	22.5
Support of patient population (exclusive of patients on escape and on visit):															
Supported by the State	445	524	969	751	495	1,246	639	740	1,379	706	937	1,643	578	542	1,120
Reimbursing	47	90	137	34	47	81	22	27	49	33	70	103	37	73	110
Ex-service patients for whom pay is received from the Federal Government	1	1	2	-	-	-	-	-	-	-	-	-	1	-	1
Non-insane patients actually in hospitals on September 30, 1931:															
Mentally defective	13	7	20	33	21	54	1	-	1	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	2	-	2	5	3	8	-	1	1	1	2	3	-	-	-
Total	15	7	22	38	24	62	1	1	2	1	2	3	-	-	-
Non-insane patients actually in hospitals on September 30, 1932:															
Mentally defective	13	8	21	34	27	61	2	2	4	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	2	-	2	3	2	5	1	1	2	4	1	5	-	-	-
Total	15	8	23	37	29	66	3	3	6	4	1	5	-	-	-

TABLE 122. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932. — Continued.

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books Sept. 30, 1931	798	994	1,792	833	891	1,724	645	940	1,585	1,199	1,272	2,471	722	747	1,469
<i>Cases Admitted during Year</i>															
Regular commitment cases:															
First Admissions	175	162	337	153	147	300	177	168	345	280	223	503	24	20	44
Readmissions	27	50	77	48	46	94	47	60	107	57	39	96	8	9	17
Total Admissions	202	212	414	201	193	394	224	228	452	337	262	599	32	29	61
Temporary care cases:															
First Admissions	12	8	20	16	7	23	2	—	2	14	7	21	—	—	—
Readmissions	—	—	—	3	2	5	—	—	—	7	1	8	—	—	—
Total Admissions	12	8	20	19	9	28	2	—	2	21	8	29	—	—	—
Observation cases:															
First Admissions	22	8	30	33	15	48	12	5	17	83	31	114	—	—	—
Readmissions	5	1	6	—	3	3	9	5	14	21	12	33	—	—	—
Total Admissions	27	9	36	33	18	51	21	10	31	104	43	147	—	—	—
Voluntary cases:															
First Admissions	2	1	3	7	2	9	1	—	1	2	1	3	84	64	148
Readmissions	1	1	2	4	5	9	4	4	8	1	2	3	16	8	24
Total Admissions	3	2	5	11	7	18	5	4	9	3	3	6	100	72	172
Total cases admitted by transfer during year	1	3	4	4	8	12	13	28	41	24	18	42	1	1	2
Total cases admitted during year	245	234	479	268	235	503	265	270	535	489	334	823	133	102	235
Total cases under treatment during year	1,043	1,228	2,271	1,101	1,126	2,227	910	1,210	2,120	1,688	1,606	3,294	855	849	1,704

<i>Cases Discharged during Year</i>												
Regular commitment cases:												
As recovered . . .	24	29	53	16	24	40	30	53	83	23	16	39
As improved . . .	20	52	72	60	54	114	33	37	70	108	94	202
As unimproved . . .	13	8	21	4	5	9	9	20	29	21	10	31
As not insane . . .	5	5	10	—	1	1	7	8	160	3	5	8
Died . . .	56	44	100	82	81	163	76	84	160	123	99	222
Total Discharges . . .	118	138	256	162	165	327	148	195	343	278	224	502
Temporary care cases:												
As recovered . . .	2	1	3	7	1	8	—	—	—	3	—	3
As improved . . .	—	1	1	1	1	2	—	—	—	2	—	2
As unimproved . . .	1	4	5	1	3	4	—	—	—	—	3	3
As not insane . . .	4	2	6	7	2	9	—	1	1	15	4	19
Died . . .	3	—	3	3	2	5	2	—	2	1	1	2
Total Discharges . . .	10	8	18	19	9	28	2	1	3	21	8	29
Observation cases:												
As recovered . . .	6	1	7	10	3	13	1	1	2	25	7	32
As improved . . .	4	6	10	2	5	7	—	—	—	2	—	2
As unimproved . . .	3	—	3	3	—	3	—	1	1	5	4	9
As not insane . . .	8	1	9	9	5	14	20	8	28	65	27	92
Died . . .	1	3	4	8	4	12	1	—	1	5	5	10
Total Discharges . . .	22	11	33	32	17	49	22	10	32	102	43	145
Voluntary care cases:												
As recovered . . .	—	—	—	5	—	5	—	—	—	—	—	—
As improved . . .	—	1	1	2	4	6	—	—	—	—	—	—
As unimproved . . .	2	—	2	3	1	1	4	3	7	2	—	2
As not insane . . .	—	—	—	3	1	1	—	—	—	4	4	8
Died . . .	—	—	—	1	—	1	—	—	—	—	—	—
Total Discharges . . .	2	1	3	12	5	17	4	3	7	6	4	10
Total cases discharged by transfer during year . . .	47	26	73	35	65	100	19	33	52	39	27	66
Total cases discharged during year . . .	199	184	383	260	261	521	195	242	437	446	306	752
Patients on books Sept. 30, 1932:												
Regularly committed cases	827	1,035	1,862	832	858	1,690	709	961	1,670	1,231	1,296	2,527
Temporary care cases . . .	2	—	2	1	—	1	—	—	—	—	—	—
Observation cases . . .	12	8	20	6	5	11	1	2	3	10	4	14
Voluntary cases . . .	3	1	4	2	2	4	5	5	10	1	—	1
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
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Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
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Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
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Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542
Total on books . . .	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542

TABLE 122. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932. — Continued.

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total number of patients actually in hospitals Sept. 30, 1932:	760	913	1,673	768	779	1,547	617	832	1,449	1,056	1,080	2,136	671	725	1,396
<i>Averages</i> Daily average population (including patients on escape, on visit and in family care)	837.46	1,033.44	1,870.90	843.05	876.39	1,719.44	672.28	956.13	1,628.41	1,245.72	1,300.15	2,545.87	697.26	746.77	1,444.03
Daily average population (excluding patients on escape, on visit and in family care)	755.26	907.41	1,662.67	762.49	781.35	1,543.84	576.46	821.84	1,398.30	1,070.12	1,112.55	2,182.67	649.87	715.19	1,365.06
Rated capacity of the hospitals	877	942	1,819	609	615	1,224	629	667	1,296	1,125	1,022	2,147	649	522	1,171
Patients on visit Sept. 30, 1931.	47	116	163	83	112	195	84	120	204	123	115	238	79	37	116
Patients on visit Sept. 30, 1932.	75	127	202	71	82	153	86	118	204	157	176	333	70	52	122
Daily average number of patients on visit during year	65.31	120.78	186.09	76.76	90.75	167.51	83.43	118.52	201.95	136.00	152.00	288.00	44.76	31.56	76.32
Patients on escape Sept. 30, 1931.	17	—	17	3	—	3	4	1	5	41	6	47	13	—	13
Patients on escape Sept. 30, 1932.	9	—	9	2	—	2	2	1	3	23	5	28	15	—	15
Daily average number of patients on escape during year	16.89	—	16.89	3.78	—	3.78	2.53	1.05	3.58	32.3	5.3	37.6	2.63	.02	2.65

Patients boarded out Sept. 30, 1931	5	5	-	5	5	10	14	24	2	18	20	-	-	-
Patients boarded out Sept. 30, 1932	4	4	-	4	4	10	17	27	6	39	45	-	-	-
Daily average number of patients boarded out during year	5.25	5.25	-	4.28	4.28	9.84	14.71	24.55	7.3	30.3	37.6	-	-	-
Ex-service men on books Sept. 30, 1931	16	-	34	-	34	24	4	28	52	-	52	12	-	12
Ex-service men on books Sept. 30, 1932	31	-	38	-	38	29	4	33	54	-	54	10	-	10
Daily average number on books during year	27.66	-	38.16	-	38.16	29.19	5.00	34.19	60	-	60	10.24	-	10.24
Daily average number actually in hospitals during year	25.00	-	35.66	-	35.66	23.39	4.62	28.01	56	-	56	6.75	-	6.75
Support of patient population (exclusive of patients on escape and on visit):														
Supported by the State:	668	700	703	673	1,376	514	571	1,085	979	954	1,933	641	683	1,324
Reimbursing	92	213	65	106	171	103	261	364	77	126	203	30	42	72
Ex-service patients, for whom pay is received from the Federal Government	1	-	-	-	-	-	4	4	1	-	1	1	-	1
Non-insane patients actually in hospitals on Sept. 30, 1931:														
Mentally defective	25	23	-	1	1	-	2	2	1	1	2	-	-	-
Epileptic	-	-	4	-	-	6	7	13	7	2	9	386	346	732
Others	4	-	4	2	6	-	-	-	-	-	-	1	-	1
Total	29	23	4	3	7	6	9	15	8	3	11	387	346	733
Non-insane patients actually in hospitals on Sept. 30, 1932:														
Mentally defective	22	17	1	-	1	-	2	2	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	416	366	782
Others	2	1	2	1	3	3	6	9	11	5	16	5	3	8
Total	24	18	3	1	4	3	8	11	11	5	16	421	369	790

TABLE 122. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932. — Continued.

	MCLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1931	89	130	219	946	—	946	163	537	700	709	—	709	587	—	587
<i>Cases Admitted during Year</i>															
Regular Commitment Cases:															
First Admissions	33	28	61	46	—	46	2	—	2	12	—	12	6	—	6
Readmissions	6	11	17	5	—	5	1	—	1	16	—	16	16	—	16
Total Admissions	39	39	78	51	—	51	3	—	3	28	—	28	22	—	22
Temporary Care Cases:															
First Admissions	6	7	13	—	—	—	—	—	—	1	—	1	—	—	—
Readmissions	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Total Admissions	9	7	16	—	—	—	—	—	—	1	—	1	—	—	—
Observation Cases:															
First Admissions	3	4	7	12	—	12	—	—	—	—	—	—	—	—	—
Readmissions	2	—	2	11	—	11	—	—	—	2	—	2	—	—	—
Total Admissions	5	4	9	23	—	23	—	—	—	—	—	2	—	—	—
Voluntary Cases:															
First Admissions	12	17	29	—	—	—	—	—	—	6	—	6	3	—	3
Readmissions	16	10	26	—	—	—	—	—	—	2	—	2	8	—	8
Total Admissions	28	27	55	—	—	—	—	—	—	8	—	8	11	—	11
Total cases admitted by transfer during year	5	10	15	6	—	6	1	2	3	51	—	51	17	—	17
Total cases admitted during year	86	87	173	80	—	80	167	2	6	90	—	90	50	—	50
Total cases under treatment during year	175	217	392	1,026	—	1,026	167	539	706	799	—	799	637	—	637

Cases Discharged during Year

Regular Commitment Cases:														
As recovered	6	14	20	11	—	11	—	2	3	—	12	—	—	—
As improved	21	16	37	4	—	5	—	—	—	—	37	—	—	20
As unimproved	8	9	17	5	—	4	—	—	—	—	1	—	—	8
As not insane	2	—	2	10	—	10	—	—	—	—	8	—	—	6
Died	5	5	10	24	—	24	—	19	13	32	11	—	—	6
Total Discharges	42	44	86	54	—	54	—	20	15	35	69	—	—	40
Temporary Care Cases:														
As recovered	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As improved	2	2	4	—	—	—	—	—	—	—	—	—	—	—
As unimproved	5	3	8	—	—	—	—	—	—	—	—	—	—	—
As not insane	—	1	1	—	—	—	—	—	—	—	1	—	—	—
Died	1	1	2	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	8	7	15	—	—	—	—	—	—	—	1	—	—	—
Observation Cases:														
As recovered	—	2	2	6	—	6	—	—	—	—	—	—	—	—
As improved	2	2	4	—	—	—	—	—	—	—	1	—	—	—
As unimproved	2	—	2	3	—	3	—	—	—	—	—	—	—	—
As not insane	1	2	3	10	—	10	—	—	—	—	1	—	—	—
Died	—	—	—	3	—	3	—	—	—	—	—	—	—	—
Total Discharges	5	6	11	22	—	22	—	—	—	—	2	—	—	—
Voluntary Cases:														
As recovered	1	4	5	—	—	—	—	—	—	—	1	—	—	—
As improved	12	13	25	—	—	—	—	—	—	—	3	—	—	4
As unimproved	3	3	6	—	—	—	—	—	—	—	1	—	—	4
As not insane	7	2	9	—	—	—	—	—	—	—	4	—	—	3
Died	2	—	2	—	—	—	—	—	—	—	11	—	—	—
Total Discharges	25	22	47	—	—	—	—	—	—	—	16	—	—	11

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1932. — Concluded.*

	MCLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	10	11	21	1	—	1	6	2	8	—	—	2	6	—	6
Total cases discharged during year	90	90	180	77	—	77	26	17	43	90	—	90	57	—	57
Patients on books September 30, 1932:															
Regularly committed cases	73	115	188	797	—	797	141	522	663	701	—	701	572	—	572
Temporary care cases	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	—	—	—	152	—	152	—	—	—	—	—	—	—	—	—
Voluntary cases	11	12	23	—	—	—	—	—	—	8	—	8	8	—	8
Total on books	85	127	212	949	—	949	141	522	663	709	—	709	580	—	580
Total number of patients actually in hos- pitals September 30, 1932	78	118	196	944	—	944	137	520	657	638	—	638	547	—	547
Daily average population (including patients on escape, on visit, and in family care)	88.84	127.09	215.93	949	—	949	151.05	529.35	608.40	710	—	710	584	—	584
Daily average population (excluding patients on escape, on visit, and in family care)	81.10	123.11	204.21	942	—	942	147.	526.	673.	627	—	627	545	—	545
Rated capacity of the hospitals.	90	142	232	908	—	908	107	496	603	644	—	644	555	—	555
Patients on visit September 30, 1931.	3	4	7	5	—	5	—	3	3	67	—	67	28	—	28
Patients on visit September 30, 1932.	7	9	16	3	—	3	1	2	3	64	—	64	29	—	29
Daily average number of patients on visit during year	3.79	3.98	7.77	2	—	2	1.05	3.35	4.40	74	—	74	33	—	33

Patients on escape September 30, 1931	—	—	3	—	3	—	3	—	10	—	10	—	7	—	7
Patients on escape September 30, 1932	—	—	2	—	2	—	3	—	7	—	7	—	4	—	4
Daily average number of patients on escape during year	—	—	3	—	3	—	3.	—	8	—	8	—	6	—	6
Patients boarded out September 30, 1931	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Patients boarded out September 30, 1932	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Daily average number of patients boarded out during year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ex-service men on books September 30, 1931	8	2	10	59	—	59	4	—	709	—	709	—	587	—	587
Ex-service men on books September 30, 1932	6	1	7	56	—	56	1	—	709	—	709	—	580	—	580
Daily average number on books during year	5.67	1.02	6.69	58	—	58	2.83	—	710	—	710	—	584	—	584
Daily average number actually in hospitals during year	5.79	1.00	6.79	58	—	58	2.83	—	627	—	627	—	545	—	545
Support of patient population (exclusive of patients on escape and on visit):	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Supported by the State	78	118	196	939	—	939	136	502	638	—	—	—	—	—	—
Reimbursing	—	—	—	5	—	5	1	18	19	—	—	—	—	—	—
Ex-service patients for whom pay is received from the Federal Government	—	—	—	3	—	3	—	—	—	709	709	—	580	—	580
Non-insane patients actually in hospitals September 30, 1931:	—	—	—	23	—	23	4	10	14	—	1	—	5	—	5
Mentally defective	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—
Epileptic	3	2	5	14	—	14	—	—	—	—	19	—	15	—	15
Others	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	3	2	5	38	—	38	4	10	14	21	21	—	20	—	20
Non-insane patients actually in hospitals September 30, 1932:	—	—	—	22	—	22	4	10	14	—	—	—	5	—	5
Mentally defective	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
Epileptic	2	2	4	5	—	5	—	—	—	13	13	—	5	—	5
Others	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	2	4	29	—	29	4	10	14	13	13	—	10	—	10

TABLE 123. — *Deportation of Insane, Mentally Defective and Epileptic from Public Institutions for the Year ended November 30, 1932.*¹

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1931	45	32	77	24	18	42	21	14	35
Since reported	67	74	141	53	62	115	14	12	26
Total cases under consideration	112	106	218	77	80	157	35	26	61
Deported	64	64	128	55	57	112	9	7	16
Viz.: Other states	52	55	107	52	55	107	—	—	—
Special cases not landed under Immigration laws and deported	11	8	19	3	2	5	8	6	14
Discharged	1	1	2	—	—	—	1	1	2
Viz.: Carc of friends.	9	6	15	4	5	9	5	1	6
Escaped	4	6	10	3	5	8	1	1	2
Transferred to Veterans Hospitals	4	—	4	—	—	—	4	—	4
Died	1	—	1	1	—	1	—	—	—
Dropped from further consideration	7	2	9	—	1	1	—	—	—
Viz.: Rejected by Commissioner of Immigration	12	19	31	6	9	15	1	3	4
Rejected by the Department	3	3	6	—	—	—	—	—	—
Total cases closed	7	9	16	6	9	15	1	1	2
Cases pending November 30, 1932	80	84	164	65	72	137	15	12	27
Viz.: Not in condition to deport	32	22	54	12	8	20	20	14	34
Awaiting action	2	—	2	2	—	2	—	—	—
On visit	20	16	36	9	4	13	17	12	29
On escape	1	6	7	—	4	4	1	2	3
	3	—	3	1	—	1	2	—	2

¹Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

TABLE 124. — *Small Private Hospitals and Schools: Number under Care.*¹

	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bournewood, George H. Torney, M.D.	4	8	12	4	7	11	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Channing Sanitarium, Inc., Donald Gregg, M.D.	9	20	29	2	13	15	6	4	10	—	—	—	—	—	—	—	—	—	1	3	4
Herbert Hall Hospital, Walter C. Haviland, M.D.	1	6	7	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wiswall Sanatorium, Inc., Harry O. Spalding, M.D.	7	17	24	7	16	23	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Dr. Reeves' Nervine, Fred B. Jewett, M.D.	10	27	37	5	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M.D.	4	57	61	2	20	25	—	—	—	1	2	3	—	—	—	—	—	—	4	5	9
Glenside, Mabel D. Ordway, M.D.	4	10	14	2	30	32	—	—	—	—	—	—	—	—	—	—	—	—	2	27	29
Westwood Lodge, Wm. J. Hammond, M.D.	4	4	8	4	8	12	—	—	—	3	—	—	—	—	—	—	—	—	—	2	2
Private Hospital, Frederick L. Taylor, M.D.	12	—	12	—	—	—	—	—	—	12	—	—	—	—	—	—	—	—	1	—	—
Washington Home, Hugh Barr Gray, M.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M.D.	19	7	26	—	—	—	—	—	—	—	—	—	19	7	26	—	—	—	—	—	—
Standish Manor, Miss Alice M. Myers	—	8	8	—	—	—	—	—	—	—	—	—	—	8	8	—	—	—	—	—	—
Perkins School of Adjustment, Franklin H. Perkins, M.D.	21	19	40	—	—	—	—	—	—	—	—	—	21	19	40	—	—	—	—	—	—
Woodlawn Sanatorium, Ewan A. Robertson, M.D.	1	3	4	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	1	1	2
Dr. Kittredge's Private Hospital, Joseph Kittredge, M.D.	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
The Freer School, Miss Cora E. Morse	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clarke School, Miss Edith G. Clarke	6	9	15	—	—	—	—	—	—	—	—	—	6	9	15	—	—	—	—	—	—
Glenn School, Mrs. Bernice G. McPhee	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	104	201	305	25	106	131	6	7	13	16	2	18	46	46	92	—	—	—	11	40	51

¹Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 125. — *Country of Birth and Percentage of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Sex.¹*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	3	—	3	1	1	1	1	1	1
Austria	9	2	11	11	12	11	6	6	4
Belgium	2	—	2	3	3	3	1	—	1
Canada ²	138	146	284	224	220	181	198	208	168
China	1	—	1	—	—	—	—	—	—
Czecho-Slovakia	1	1	2	—	—	—	—	—	—
Cuba	2	—	2	1	—	1	1	—	1
Denmark	2	3	5	3	3	3	5	5	5
England	45	49	94	73	66	47	71	75	53
Finland	10	15	25	11	12	11	20	20	20
France	3	—	3	3	6	4	4	—	1
Germany	15	17	32	33	29	26	30	26	24
Greece	13	4	17	15	—	1	5	4	4
Holland	1	—	1	2	—	1	—	—	—
Hungary	1	3	4	1	15	1	4	4	4
India	2	—	2	1	—	1	—	—	—
Ireland	101	144	245	297	309	262	293	305	256
Italy	65	48	113	92	91	88	75	75	74
Japan	1	—	1	1	—	1	—	—	—
Lithuania	1	—	1	—	—	—	—	—	—
Lugo-Slavia	7	—	7	7	9	6	1	1	1
Norway	—	—	—	—	4	—	1	2	—
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	38	32	70	55	49	48	40	39	38
Porto Rico	—	—	—	—	1	—	—	—	—
Portugal	31	28	59	42	42	42	36	34	33
Rumania	42	33	75	70	64	64	58	58	56
Russia	19	16	35	29	28	19	27	25	18
Scotland	—	1	1	—	—	—	1	2	1
Spain	2	—	2	1	1	1	—	—	—
South America	29	21	50	38	36	34	36	36	34
Sweden	—	—	—	—	—	—	2	1	1
Switzerland	1	2	3	3	3	3	2	2	2
Turkey in Asia	2	1	3	2	2	2	1	—	1
Turkey in Europe	994	890	1,884	474	476	401	475	452	398
United States	—	—	—	—	—	—	—	—	—
Wales	1	—	1	2	1	1	—	—	—
West Indies ³	8	4	12	9	7	6	3	3	2
Other countries ⁴	31	15	46	39	36	35	22	23	22
Unknown	7	1	8	78	92	66	55	61	47
Total	1,625	1,478	3,103	1,625	1,625	1,384	1,478	1,478	1,272

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewsbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.
²Includes Newfoundland.
³Except Cuba and Porto Rico.
⁴Includes Europe and Asia not specified; also born at sea.

TABLE 128. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL			UNDER 15 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	3	19	—	—	—	1	—	1	—	—	—	1	—	1
Senile	83	131	214	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	340	258	598	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	158	48	206	—	2	2	1	1	2	1	—	1	5	—	5
With cerebral syphilis	21	7	28	—	—	—	—	—	—	—	—	—	2	1	3
With Huntington's chorea	—	3	3	—	—	—	—	—	—	—	—	—	1	1	1
With brain tumor	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	28	34	62	1	2	3	5	3	8	2	3	5	2	2	4
Alcoholic	168	35	203	—	—	—	—	—	—	—	—	—	8	4	12
Due to drugs and other exogenous toxins	6	12	18	—	—	—	—	1	1	—	1	1	—	2	2
With pellagra	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	38	67	105	—	—	—	10	17	27	1	3	4	—	6	6
Manic-depressive	195	220	415	—	—	—	—	—	—	18	24	42	5	20	25
Involution melancholia	32	65	97	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	330	348	678	2	1	3	28	31	59	79	41	120	52	51	103
Paranoia or paranoid condition	35	31	66	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	15	25	40	—	3	3	—	2	2	4	3	7	2	1	3
Psychoneuroses and neuroses	18	39	57	—	2	2	—	4	4	1	5	6	2	3	5
With psychopathic personality	12	14	26	1	1	2	3	1	4	2	1	3	1	2	4
With mental deficiency	73	67	140	5	2	7	9	8	17	13	13	26	8	9	17
Undiagnosed psychoses	28	19	47	—	—	—	—	1	1	1	2	3	4	—	4
Without psychoses	23	27	50	3	2	5	3	4	7	2	3	5	4	3	7
Diagnosis deferred	—	2	2	—	—	—	—	—	—	—	—	—	—	1	1
Total	1,625	1,478	3,103	12	15	27	60	73	133	124	99	223	98	111	209

TABLE 128. — *Admissions Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.* — Continued.

PSYCHOSES	30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	-	1	1	-	1	2	-	2	4	-	4	1	1	2
Senile	-	-	-	1	-	1	-	-	-	-	-	-	1	1	1
With cerebral arteriosclerosis	-	-	-	33	12	45	24	8	32	1	3	4	9	16	25
General paralysis	13	3	16	3	3	6	3	1	4	17	6	23	29	10	39
With cerebral syphilis	1	-	1	-	-	-	-	-	-	1	-	1	5	1	6
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
With brain tumor	2	-	2	1	3	4	1	1	2	-	5	11	2	2	9
With other brain or nervous diseases	1	-	1	1	3	4	38	7	45	18	3	21	7	2	30
Alcoholic	15	2	17	25	4	29	1	3	4	2	2	2	24	6	30
Due to drugs and other exogenous toxins	3	1	4	1	1	2	1	1	1	1	1	1	-	1	1
With pellagra	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With other somatic diseases	-	4	8	1	5	6	4	6	10	4	9	13	5	11	16
Manic-depressive	4	4	8	19	18	37	21	33	54	24	23	47	23	18	41
Involution melancholia	17	33	50	1	4	5	2	8	10	4	11	15	6	24	30
Dementia praecox	51	46	97	43	54	97	25	43	68	26	36	62	15	22	37
Paranoia or paranoid conditions	4	2	6	4	8	12	7	11	18	3	10	13	5	12	17
Epileptic psychoses	4	2	6	3	1	4	1	2	3	2	1	3	1	4	5
Psychoneuroses and neuroses	1	5	10	3	8	11	2	3	3	2	3	5	2	2	4
With psychopathic personality	5	7	12	3	11	14	1	5	7	2	2	2	7	3	10
With mental deficiency	3	2	5	1	10	17	1	12	17	5	3	8	-	-	-
Undiagnosed psychoses	10	5	15	7	10	17	5	12	17	3	3	1	1	4	4
Without psychoses	1	1	2	3	3	6	3	2	5	1	1	4	1	-	-
Diagnosis deferred	3	2	5	3	2	5	1	3	4	1	3	4	-	-	-
Total	135	111	246	153	135	288	139	144	283	121	121	242	142	135	277

TABLE 128. — Admissions Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex. — Concluded.

PSYCHOSES	55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80 YEARS AND OVER		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Traumatic	3	—	1	—	—	1	1	—	—	—	—	—	—
Senile	2	1	6	10	14	20	34	—	—	—	18	46	64
With cerebral arteriosclerosis	25	31	64	46	66	48	114	21	22	29	41	29	70
General paralysis	17	3	10	2	6	1	7	68	65	33	—	—	—
With cerebral syphilis	2	2	4	1	—	1	—	2	—	—	—	—	—
With Huntington's chorea	—	1	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1	4	—	3	—	3	—	—	1	—	—	—	—
Alcoholic	16	5	13	1	6	1	3	—	2	2	—	1	1
Due to drugs and other exogenous toxins	—	—	—	—	1	1	—	—	—	—	—	—	—
With pella	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	7	13	4	3	7	5	12	—	—	—	—	—	—
Manic-depressive	32	17	49	13	11	3	14	—	2	1	—	—	—
Involution melancholia	10	13	6	4	2	1	3	1	1	1	—	—	—
Dementia praecox	7	15	22	5	5	2	3	—	—	—	—	—	—
Paranoia or paranoid conditions	2	5	7	4	2	1	3	2	2	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	2	4	—	3	1	—	1	—	—	—	—	—
With psychopathic personality	—	1	1	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	1	3	2	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	5	4	3	3	1	1	1	1	1	—	2	2	4
Without psychoses	1	1	—	—	1	2	3	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	135	119	254	130	121	91	212	101	93	65	61	78	139

TABLE 129. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex. — Concluded.

PSYCHOSES	40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	4	—	—	—	—	—	1	—	1	1	—	—	—	4	5	1	—	1
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	15	2	17	7	2	9	13	3	16	7	13	18	13	10	23	15	6	21	9	3	12
With cerebral syphilis	1	—	1	2	—	—	2	2	—	2	2	1	—	—	—	4	1	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	3	5	10	3	13	7	7	14	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	45	7	52	34	5	39	19	7	26	15	3	18	4	—	—	2	—	2	1	—	1
Due to drugs and other exogenous toxins	4	2	6	4	3	7	2	2	4	1	—	1	9	—	—	—	—	5	1	1	2
With pellagra	—	—	—	—	—	—	1	—	—	5	7	12	1	—	—	—	—	1	—	—	—
With other somatic diseases	5	1	6	4	4	8	5	6	11	22	13	35	4	6	10	1	2	3	2	1	2
Manic-depressive	18	25	43	18	11	29	11	23	34	3	4	1	3	4	1	1	1	—	—	—	—
Involution melancholia	1	1	2	1	3	4	—	7	7	4	3	7	2	2	4	1	—	—	—	—	—
Dementia praecox	9	15	24	3	9	12	1	12	13	4	3	7	2	2	4	1	—	1	—	—	—
Paranoia or paranoid conditions	10	11	21	2	7	9	6	6	12	1	5	6	2	2	4	1	—	—	—	—	—
Epileptic psychoses	—	—	—	1	—	1	5	3	8	1	—	1	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	5	7	2	6	8	3	4	4	1	1	2	1	—	—	—	—	—	—	—	—
With psychopathic personality	—	3	3	3	3	6	1	1	1	1	1	2	—	—	—	—	—	—	—	—	—
With mental deficiency	2	2	4	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	16	17	33	10	11	21	7	4	11	2	4	6	2	2	4	2	3	5	3	9	3
Without psychoses	55	15	70	39	11	50	39	8	47	34	7	41	13	6	19	12	4	16	9	5	14
Diagnosis deferred	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	186	113	299	146	78	224	124	99	223	106	71	177	63	32	95	41	21	62	50	32	82

TABLE 130. — Admissions Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Hospital and Sex.

HOSPITALS	TOTAL		UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	208	225	433	1	1	2	5	5	10	12	14	26	10	13	23	11	12	23
Boston Psychopathic	64	52	116	1	3	3	3	6	9	4	7	11	9	2	11	8	8	16
Danvers	249	238	487	1	3	4	8	15	23	15	18	33	16	15	31	20	19	39
Foxborough	91	109	200	—	—	—	4	8	12	6	9	15	4	9	13	8	12	20
Gardner	36	34	70	—	—	—	1	5	6	1	1	2	2	2	4	3	4	7
Grafton	19	13	32	—	—	—	1	1	1	2	1	3	—	1	1	3	1	4
Medford	70	72	142	1	—	—	—	1	1	6	10	16	6	5	11	9	20	4
Northampton	175	162	337	—	—	—	8	6	14	12	5	17	16	17	33	23	16	39
Taunton	153	147	300	2	3	5	7	7	14	4	13	17	12	12	24	13	12	25
Westborough	177	168	345	1	—	1	8	11	19	8	11	19	15	15	30	12	10	22
Worcester	280	223	503	3	3	6	12	5	17	16	16	32	25	14	39	23	31	54
Monson	4	7	11	1	1	2	2	4	6	2	4	7	4	4	8	4	1	5
McLean	33	28	61	—	—	—	3	2	5	2	5	9	11	—	11	6	—	6
Bridgewater	46	—	46	—	—	—	5	—	9	—	—	9	—	—	—	—	—	—
Tewksbury	2	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	12	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 95	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,625	1,478	3,103	12	15	27	60	73	133	98	111	209	135	111	246	153	135	288
																139	144	283

TABLE 130. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932,
by Hospital and Sex. — Concluded.

HOSPITALS	45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80 YEARS AND OVER		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	10	14	24	23	29	52	22	15	37	23	27	50	21	26	47	13	10	23	12	18	30	—	—	—
Boston Psychopathic	8	4	12	11	5	16	2	1	3	—	1	1	16	8	24	—	—	—	13	18	31	—	—	—
Danvers	20	19	39	23	19	42	21	19	40	25	18	43	17	8	24	12	10	22	—	—	—	—	—	—
Foxborough	5	8	13	5	8	13	11	4	15	7	10	17	4	7	11	5	7	12	—	6	6	—	—	—
Gardner	3	2	5	3	5	11	2	1	3	2	3	5	1	3	4	4	2	6	3	2	5	—	—	—
Grafton	2	1	3	3	1	3	2	1	2	1	—	—	1	1	1	—	—	—	—	—	—	—	—	—
Medford	5	4	9	8	1	9	7	7	14	7	3	10	8	5	13	4	4	3	7	—	4	4	—	—
Northampton	13	21	34	8	16	24	11	13	24	10	7	17	17	4	9	13	12	5	17	10	4	14	—	—
Taunton	11	15	26	15	13	28	17	12	29	10	4	14	14	17	9	26	10	11	21	5	4	9	—	—
Westborough	16	17	33	15	19	34	12	16	28	9	10	16	16	12	11	23	15	11	26	6	9	15	—	—
Worcester	21	14	35	21	17	38	22	23	45	24	13	37	17	12	35	15	6	21	10	13	23	—	—	—
Monson	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	3	2	5	1	2	3	2	1	3	5	2	7	3	—	—	3	—	3	2	—	2	—	—	—
Bridgewater	4	—	4	3	—	3	1	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	121	121	242	142	135	277	130	93	223	121	91	212	101	88	189	93	65	158	61	78	139	—	—	—

TABLE 131. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Nativity and Sex. — Concluded.*

NATIVITY	45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	3	—	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Austria	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	17	13	30	16	18	34	14	12	26	14	11	25	12	14	26	10	20	30	19	10	29	11	17	28
Canada ¹	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Czecho-Slovakia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	2	5	7	5	6	11	4	7	11	2	2	4	8	4	12	1	1	1	5	4	9	4	7	11
Finland	2	2	4	2	2	4	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	1	—	1	2	3	5	4	3	7	1	2	3	1	2	3	1	3	4	1	1	1	3	1	4
Greece	2	—	2	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	3	12	15	12	17	29	17	19	36	15	13	28	11	21	32	15	11	26	7	9	16	3	9	12
Italy	7	7	14	6	7	13	4	2	6	8	1	9	6	2	8	3	2	5	—	2	2	2	1	3
Japan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Norway	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	7	6	13	3	1	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	2	2	4	3	3	6	1	1	2	4	1	5	1	2	3	3	1	2	3	1	2	1	1	2
Rumania	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	7	2	9	1	3	4	4	3	7	3	2	5	4	2	6	5	1	6	3	2	5	1	1	2
Scotland	1	1	2	—	—	—	2	3	5	2	2	3	2	2	4	5	1	6	1	3	2	5	1	2
South America	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	1	3	4	4	2	6	2	2	4	6	2	8	5	2	7	2	2	4	—	1	1	2	1	3
Switzerland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Europe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States	58	65	123	75	62	137	74	66	140	68	58	126	67	35	102	53	42	95	56	34	90	34	39	73
Wales	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ²	4	2	6	1	—	—	1	—	1	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—
Other countries ³	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	121	121	242	142	135	277	135	119	254	130	93	223	121	91	212	101	88	189	93	65	158	61	78	139

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at sea.

TABLE 132. — *Psychoses of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Hospital and Sex.* — Continued.

PSYCHOSES	GARDNER		GRAFTON		MEDFIELD		NORTHAMPTON		TAUNTON		WESTBOROUGH	
	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%
Traumatic	1	1.4	1	—	—	—	1	—	2	2	4	1.4
Senile	5	12.9	1	6.3	4	10	5	12	21	19	4	5
With cerebral arteriosclerosis	5	12.9	2	9.4	10	17	32	24	26	12	42	2.6
General paralysis	2	4.3	1	6.3	9	11	12	8	15	13	10	86
With cerebral syphilis	—	—	—	—	1	2	—	—	3	23	3	13
With Huntington's chorea	—	—	—	—	1	1	—	—	—	3	2	3
With brain tumor	—	—	—	—	—	—	—	—	—	2	1	3
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	2	—	—
Alcoholic	5	8.6	—	—	1	7	7	1	1	—	1	1
Due to drugs and other exogenous toxins	—	—	5	15.6	4	3	27	2	16	4	12	2
With pellagra	—	—	—	—	—	—	—	—	1	—	1	1
With other somatic diseases	—	—	—	—	—	—	2	2	—	—	1	2
Manic-depressive	3	4.3	1	3.1	6	12	5	11	1	2	1	—
Involution melancholia	4	12.9	1	6.3	9	19	21	19	15	26	30	69
Dementia praecox	3	7.1	1	—	3	4	9	7	17	16	2	11
Paranoia or paranoid condition	5	15.7	4	21.8	12	19	38	60	31	38	49	96
Epileptic psychoses	2	2.8	1	3.1	1	2	—	—	5	4	—	1
Psychoneuroses and neuroses	—	—	—	—	1	1	5	5	—	5	—	—
With psychopathic personality	1	4.3	—	—	1	3	—	—	2	4	2	4
With mental deficiency	—	—	—	—	1	4	6	6	2	4	2	4
Undiagnosed psychoses	4	10.0	3	12.5	6	5	10	7	7	13	5	7
Without psychoses	—	—	1	3.1	2	2	2	2	6	7	6	11
Diagnosis deferred	1	2.8	1	9.4	1	2	2	4	—	—	3	1
Total	36	100.0	19	100.0	70	142	175	162	153	147	177	168
	70		32		337		300		345		100.0	

TABLE 133. — *Alcoholic Habits of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	3	19	5	3	8	5	—	5	6	—	6	—	—	—
Senile	83	131	214	33	101	134	24	16	40	19	2	21	7	12	19
With cerebral arteriosclerosis	340	258	598	138	206	344	99	24	123	80	6	86	23	22	45
General paralysis	158	48	206	52	26	78	65	14	79	36	7	43	5	1	6
With cerebral syphilis	21	7	28	8	5	13	8	2	10	3	—	3	2	—	2
With Huntington's chorea	—	3	3	—	3	—	—	—	—	—	—	—	—	—	—
With brain tumor	5	1	6	2	—	2	3	—	3	—	—	—	—	—	—
With other brain or nervous diseases	28	34	62	15	25	40	6	6	12	4	3	7	—	1	1
Alcoholic	168	35	203	—	—	—	—	—	—	168	35	203	—	—	—
Due to drugs and other exogenous toxins	6	12	18	—	10	10	1	2	3	5	—	5	—	—	—
With pellagra	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	38	67	105	15	56	71	15	8	23	6	1	7	2	2	4
Manic-depressive	195	220	415	103	167	270	67	44	111	24	8	32	1	1	2
Involution melancholia	32	65	97	18	59	77	7	5	12	5	—	5	2	1	3
Dementia praecox	330	348	678	164	300	464	96	40	136	59	4	63	11	4	15
Paranoia or paranoid conditions	35	51	86	15	29	44	10	17	27	7	—	7	3	5	8
Epileptic psychoses	15	25	40	10	24	34	3	—	3	2	—	2	—	—	—
Psychoneuroses and neuroses	18	39	57	9	33	42	8	4	12	2	—	2	—	1	1
With psychopathic personality	12	14	26	8	10	18	2	2	4	2	—	2	—	—	—
With mental deficiency	73	67	140	46	53	99	8	9	17	14	2	16	5	3	8
Undiagnosed psychoses	28	19	47	11	17	28	9	1	10	6	—	6	2	1	3
Without psychoses	23	27	50	15	19	34	4	4	8	3	—	3	2	2	3
Diagnosis deferred	—	2	2	—	—	—	—	1	1	—	1	1	—	—	—
Total	1,625	1,478	3,103	667	1,147	1,814	440	199	639	451	75	526	67	57	124

TABLE 134. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

RACE		TOTAL		TRAUMATIC		SENILE		WITH CEREBRAL ARTERIO-SCLEROSIS			GENERAL PARALYSIS		WITH CEREBRAL SYPHILIS		WITH HUNTING-TON'S CHOREA		WITH BRAIN TUMOR		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	48	33	81	—	—	—	3	3	9	7	16	10	1	11	1	1	2	—	—
American Indian	—	2	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Armenian	7	2	9	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	287	290	577	3	1	4	25	42	67	55	154	30	10	40	2	—	1	2	—
Finnish	12	20	32	—	—	—	1	1	1	—	—	1	1	1	—	1	1	—	—
French	141	112	253	1	—	—	10	7	17	25	22	47	13	7	20	1	—	—	—
German	34	30	64	—	—	—	1	3	4	7	8	15	3	1	4	1	—	—	—
Greek	16	7	23	—	—	—	—	—	—	—	—	5	2	7	—	—	—	—	—
Hebrew	52	58	110	1	—	—	1	1	2	6	7	13	2	—	—	—	—	—	—
Irish	346	347	693	5	2	7	21	32	53	76	76	152	24	6	30	4	2	6	—
Italian	86	77	163	1	—	—	1	1	2	12	7	19	12	5	17	—	—	—	—
Japanese	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	20	14	34	—	—	—	—	—	—	2	—	2	2	—	—	—	—	—	—
Magyar	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	3	—	3	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—
Portuguese	40	35	75	1	—	—	1	3	4	4	4	8	4	2	6	2	—	2	—
Scandinavian	44	43	87	1	—	—	3	3	4	9	4	13	9	3	12	2	—	2	—
Scotch	28	30	58	1	—	—	2	5	7	11	8	19	1	2	3	—	1	1	—
Slavonic	76	49	125	1	—	—	1	1	2	4	—	4	5	—	5	2	1	3	—
Spanish	1	1	2	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—
Spanish American	1	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Syrian	2	3	5	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—
Turkish	9	2	11	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Welsh	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
West Indian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	29	29	58	—	—	—	2	6	8	6	6	12	2	—	2	1	—	1	—
Mixed	332	288	620	1	—	—	18	23	41	65	51	116	27	9	36	5	3	8	—
Total	1,625	1,478	3,103	16	3	19	83	131	214	340	258	598	158	48	206	21	7	28	—
																		3	3
																		5	1
																		6	

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 134. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex. — Continued.*

RACE	WITH OTHER BRAIN OR NERVOUS DISEASES		ALCOHOLIC		DUE TO DRUGS AND OTHER EXOGENOUS TOXINS		WITH PELLAGRA		WITH OTHER SOMATIC DISEASES		MANIC- DEPRESSIVE		INVOLUTION- MELAN- CHOLIA		DEMENTIA PRAEcox	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
African (black)	—	—	6	1	7	—	—	—	2	2	4	—	—	—	3	7
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
English	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Finnish	4	6	10	8	3	11	—	—	—	—	—	—	—	—	36	58
French	—	—	—	7	2	9	—	—	—	—	—	—	—	—	9	11
German	2	—	2	18	2	20	—	—	—	—	—	—	—	—	38	31
Greek	1	—	1	5	—	5	—	—	—	—	—	—	—	—	4	6
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	10
Irish	2	2	4	—	—	—	—	—	—	—	—	—	—	—	3	2
Italian ¹	4	5	9	43	14	57	—	—	—	—	—	—	—	—	22	20
Japanese	2	4	6	8	—	8	—	—	—	—	—	—	—	—	79	55
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	21
Magyar	—	—	—	5	1	6	—	—	—	—	—	—	—	—	5	10
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Portuguese	—	—	—	6	—	6	—	—	—	—	—	—	—	—	—	3
Scandinavian ²	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	9
Scotch	—	—	—	2	—	2	—	—	—	—	—	—	—	—	9	15
Slavonic ³	2	2	4	28	6	34	—	—	—	—	—	—	—	—	4	7
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	20
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Welsh	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	1
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	10	10	20	4	1	5	—	—	—	—	—	—	—	—	7	6
Total	28	34	62	168	35	203	6	12	18	1	2	3	38	67	105	330
																348
																678

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 135 — *Race of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Sex.*

RACE	TOTAL		
	M.	F.	T.
African (black)	54	47	101
Armenian	6	6	12
Chinese	2	—	2
Cuban	1	—	1
Dutch and Flemish	2	—	2
English	261	242	503
Finnish	6	11	17
French	77	30	107
German	13	15	28
Greek	15	7	22
Hebrew	82	77	159
Irish	397	266	663
Italian ¹	127	84	211
Lithuanian	37	13	50
Magyar	2	3	5
Mexican	—	1	1
Portuguese	31	17	48
Scandinavian ²	41	23	64
Scotch	40	19	59
Slavonic ³	76	27	103
Syrian	5	1	6
Turkish	6	—	6
Welsh	1	—	1
Other specific races	2	1	3
Race unknown	23	28	51
Mixed	258	150	408
Total	1,565	1,068	2,633

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 136. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases, 1932, by Form of Admission and Sex; Number and Percentage Distribution.*

Number.

ADMISSIONS	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			CITIZENSHIP UNKNOWN		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.			F.		
First Admissions	1,625	1,478	3,103	904	890	1,884	256	227	483	298	247	545	77	114	191
Readmissions	367	380	747	240	244	484	61	64	125	57	63	120	9	9	18
Temporary Care	1,565	1,068	2,633	1,038	703	1,741	243	157	400	249	169	418	35	39	74
Voluntary Admissions	209	149	358	174	130	304	22	12	34	10	6	16	3	1	4
Transfers	437	347	784	286	232	518	45	31	76	83	70	153	23	14	37
Others ¹	28	21	49	22	19	41	2	—	2	3	—	3	1	2	3
Total	4,231	3,443	7,674	2,754	2,218	4,972	629	491	1,120	700	555	1,255	148	179	327

Percent.

First Admissions	38.4	42.9	40.4	36.1	40.1	37.9	40.7	46.2	43.1	42.6	44.5	43.4	52.0	63.7	58.4	
Readmissions	8.7	11.0	9.8	8.7	11.0	9.7	9.7	13.1	11.2	8.1	11.4	9.6	6.1	5.0	5.5	
Temporary Care	37.0	31.0	34.3	37.7	31.7	35.1	38.6	32.0	35.7	35.6	30.5	33.3	23.6	21.8	22.6	
Voluntary Admissions	4.9	4.3	4.7	6.3	5.9	6.1	3.5	2.4	3.0	1.4	1.0	1.3	2.1	1.6	1.2	
Transfers	10.3	10.2	10.2	10.4	10.4	10.4	7.2	6.3	6.8	11.9	12.6	12.2	15.5	7.8	11.4	
Others ¹	.7	.6	.6	.8	.9	.8	.3	—	.2	.4	—	.2	.7	1.1	.9	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

¹Includes sane dangerous cases at Monson.

TABLE 137. — *Marital Condition of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	16	3	19	5	1	6	10	1	11	1	1	2	—
Senile	83	131	214	18	28	46	33	26	59	28	75	103	—
With cerebral arteriosclerosis	340	258	598	55	52	107	180	70	250	96	128	224	—
General paralysis	158	48	206	42	6	48	94	26	120	9	8	17	—
With cerebral syphilis	21	7	28	6	—	6	13	3	16	1	2	3	—
With Huntington's chorea	—	3	3	—	1	1	—	2	2	—	—	—	—
With brain tumor	5	1	6	—	1	1	4	—	4	1	—	1	—
With other brain or nervous diseases	28	34	62	16	17	33	10	12	22	1	—	—	—
Alcoholic	168	35	203	44	1	45	91	22	113	16	6	22	—
With other drugs and exogenous toxins	6	12	18	4	2	6	2	7	9	—	1	1	—
Due to drugs and other exogenous toxins	1	2	3	1	—	1	—	—	1	—	—	—	—
With pellagra	38	67	105	12	12	24	22	38	60	4	19	14	—
With other somatic diseases	195	220	415	65	76	141	114	116	230	12	19	31	—
Manic-depressive	32	65	97	5	13	18	22	39	61	4	9	13	—
Involution melancholia	330	678	1,008	252	170	422	56	144	200	7	19	26	—
Dementia praecox	35	51	86	5	18	23	25	20	45	2	6	8	—
Paranoia or paranoid conditions	15	25	40	11	16	27	3	8	11	1	1	2	—
Epileptic psychoses	18	39	57	5	13	18	12	18	30	1	3	3	—
Psychoneuroses and neuroses	12	14	26	8	7	15	2	5	7	—	2	2	—
With psychopathic personality	73	67	140	64	48	112	9	14	23	—	3	3	—
With mental deficiency	28	19	47	16	8	24	12	8	20	1	6	7	—
Undiagnosed psychoses	23	27	50	12	16	28	6	6	12	1	2	3	—
Without psychoses	—	2	2	—	—	—	—	2	2	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,625	1,478	3,103	646	503	1,149	720	588	1,308	185	305	490	6
										47	50	97	—
										21	32	53	6

TABLE 138. — *Marital Condition of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PSYCHOSES														
Traumatic	9	1	1	10	7	8	1	3	—	—	—	—	—	—
Senile	10	10	3	20	4	7	3	20	—	—	—	—	—	—
With cerebral arteriosclerosis	57	60	7	117	30	46	6	52	—	—	—	—	—	—
General paralysis	68	12	15	80	41	52	6	7	2	2	2	2	2	2
With cerebral syphilis	8	1	4	9	4	4	—	1	—	—	—	—	—	—
With Huntington's chorea	—	1	—	1	—	1	—	1	—	—	—	—	—	—
With brain tumor	1	2	—	—	—	2	—	—	—	—	—	—	—	—
With other brain or nervous diseases	46	36	22	82	21	32	1	6	—	—	—	—	—	—
Alcoholic	223	41	81	265	117	23	16	7	5	2	2	7	1	1
Due to drugs and other exogenous toxins	28	14	9	42	16	23	—	3	2	2	1	2	3	—
With pellagra	3	—	2	3	1	1	—	—	—	—	—	—	—	—
With other somatic diseases	35	48	11	83	17	31	4	8	2	2	1	3	1	—
Manic-depressive	164	211	67	373	86	106	5	16	2	7	4	6	10	—
Involution melancholia	5	14	19	19	5	7	—	3	3	3	—	—	—	—
Dementia praecox	139	106	110	245	23	36	1	2	3	1	2	5	7	—
Paranoia or paranoid conditions	31	50	12	81	14	25	3	9	3	6	1	2	3	—
Epileptic psychoses	32	13	45	25	4	8	1	1	2	2	—	—	—	—
Psychoneuroses and neuroses	36	53	89	89	18	28	39	1	1	1	—	2	2	—
With psychopathic personality	17	21	38	9	18	5	—	2	1	4	—	1	1	—
With mental deficiency	21	30	51	18	3	12	—	5	1	4	—	4	4	—
Undiagnosed psychoses	82	74	156	41	32	36	4	5	3	5	1	4	5	2
Without psychoses	531	260	791	274	209	70	25	23	10	11	13	5	18	—
Diagnosis deferred	18	11	13	29	8	11	1	—	1	1	2	—	—	—
Total	1,565	1,068	742	438	663	430	92	119	32	43	32	37	69	4
				1,180		1,093	211	211	75	75	69	69	1	5

TABLE 139. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Marital Condition and Sex.

AGE GROUPS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Under 15 years	12	15	12	15	1	5	—	—	—	—	—	—	—
15-19 years	60	73	59	68	2	17	—	—	—	—	—	—	—
20-24 years	124	99	120	80	200	127	—	—	—	—	—	—	—
25-29 years	98	111	78	59	137	19	—	—	—	—	—	—	—
30-34 years	135	111	246	75	36	111	1	1	1	1	1	1	—
35-39 years	135	135	288	65	34	99	73	79	10	13	2	3	1
40-44 years	139	144	283	46	36	82	81	84	165	6	14	9	—
45-49 years	121	121	242	35	22	57	72	75	147	8	15	23	—
50-54 years	142	135	277	49	31	80	68	68	136	12	26	38	—
55-59 years	135	119	254	30	33	63	85	47	132	14	28	42	—
60-64 years	130	93	223	24	25	49	79	31	110	21	28	49	—
65-69 years	121	91	212	20	19	39	76	32	108	21	35	56	—
70-74 years	101	88	189	17	22	39	45	19	64	33	46	79	—
75-79 years	93	65	158	8	13	21	42	9	51	38	42	80	—
80-84 years	40	53	93	5	7	12	16	5	21	18	41	59	—
85-89 years	17	22	39	3	2	5	8	—	—	6	19	25	—
90 years and over	4	3	7	1	—	—	3	—	—	—	—	—	—
Total	1,625	1,478	3,103	646	503	1,149	720	588	1,308	135	305	490	6
										47	50	97	—
										21	32	53	6

TABLE 140. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932,
by Marital Condition and Sex.

AGE GROUPS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 15 years	37	25	62	37	25	62	—	—	—	—	—	—	—	—	—
15-19 years	119	127	246	115	120	235	3	5	8	—	—	—	2	2	1
20-24 years	147	112	259	133	83	216	13	25	38	—	—	—	4	4	—
25-29 years	152	103	255	113	42	155	35	53	88	—	—	—	2	3	5
30-34 years	167	119	286	80	45	125	70	53	123	—	—	—	8	6	14
35-39 years	227	136	363	81	35	116	124	81	205	—	—	—	7	7	14
40-44 years	186	113	299	69	23	92	96	69	165	—	—	—	5	3	8
45-49 years	146	78	224	37	16	53	99	44	143	—	—	—	1	3	4
50-54 years	124	99	223	32	21	53	74	46	120	—	—	—	3	3	6
55-59 years	106	71	177	18	16	34	69	37	106	—	—	—	1	2	3
60-64 years	63	32	95	12	9	21	37	9	46	—	—	—	—	—	—
65-69 years	41	21	62	7	3	10	21	4	25	—	—	—	—	—	—
70-74 years	23	16	39	1	—	1	13	3	16	—	—	—	1	1	2
75-79 years	17	6	23	6	—	6	3	—	3	—	—	—	1	1	2
80-84 years	7	5	12	1	—	1	3	1	4	—	—	—	—	—	—
85-89 years	3	5	8	—	—	—	3	—	3	—	—	—	—	—	—
90 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,565	1,068	2,633	742	438	1,180	663	430	1,093	92	119	211	32	43	75
							</								

TABLE 142. — *Degree of Education of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL		ILLITERATE		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Traumatic	9	1	2	—	2	—	3	1	1	—	1	—	—
Senile	10	10	—	—	2	2	3	8	11	—	2	2	—
With cerebral arteriosclerosis	57	60	4	2	2	5	45	36	81	8	5	5	4
General paralysis	68	12	3	—	6	—	46	10	56	9	—	1	10
With cerebral syphilis	8	1	2	—	—	—	5	1	6	—	1	—	3
With Huntington's chorea	—	1	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	1	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	46	36	3	4	4	1	28	24	52	1	—	—	—
Alcoholic	224	41	16	16	3	19	154	29	183	34	6	14	2
Due to drugs and other exogenous toxins	28	14	—	—	1	—	11	10	21	7	3	10	6
With pellagra	3	—	—	—	—	—	2	—	—	—	—	—	—
With other somatic diseases	35	48	2	2	1	4	19	37	56	5	8	13	1
Manic-depressive	164	211	2	8	10	14	65	131	196	60	49	109	2
Involution melancholia	5	14	—	—	1	2	4	9	13	—	3	3	2
Dementia praecox	139	106	1	3	4	3	74	58	132	50	38	88	2
Paranoia or paranoid conditions	31	50	2	5	11	5	19	32	51	2	8	10	—
Epileptic psychoses and neuroses	32	13	2	1	3	—	21	11	32	7	1	8	1
Psychoneuroses and personality	36	53	1	3	2	2	19	29	48	11	18	29	—
With psychopathic personality	17	21	1	1	2	—	10	10	20	4	10	14	—
With mental deficiency	21	30	3	3	2	—	11	22	33	3	5	5	—
Undiagnosed psychoses	82	74	3	6	8	3	47	41	88	13	15	28	1
Without psychoses	531	260	48	19	44	5	306	169	475	96	56	152	5
Diagnosis deferred	18	11	—	—	1	—	8	4	12	10	5	15	17
Total	1,565	1,068	92	53	116	47	900	673	1,573	321	239	560	63

TABLE 143. — *Environment of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	3	19	15	3	18	1	—	1	—	—	—
With cerebral arteriosclerosis	131	214	345	74	121	195	7	10	17	2	—	2
General paralysis	340	258	598	318	250	568	21	8	29	1	—	1
With cerebral syphilis	158	48	206	153	45	198	4	3	7	1	—	1
With Huntington's chorea	21	7	28	20	7	27	1	—	1	—	—	—
With brain tumor	—	3	3	—	3	3	—	—	—	—	—	—
With other brain or nervous diseases	5	1	6	5	1	6	—	—	—	—	—	—
Alcoholic	28	34	62	27	33	60	1	1	2	—	—	—
Due to drugs and other exogenous toxins	168	35	203	163	34	197	4	—	4	1	1	2
With pellagra	6	12	18	6	10	16	—	2	2	—	—	—
With other somatic diseases	1	2	3	1	2	3	—	—	—	—	—	—
Manic-depressive	38	67	105	37	65	102	1	2	3	—	—	—
Involution melancholia	195	220	415	187	212	399	7	8	15	1	—	1
Dementia praecox	32	65	97	32	62	94	—	3	3	—	—	—
Paranoia or paranoid conditions	330	348	678	310	333	643	14	15	29	6	—	6
Epileptic psychoses	35	51	86	34	50	84	1	1	2	—	—	—
Psychoneuroses and neuroses	15	25	40	14	24	38	1	1	2	—	—	—
With psychopathic personality	18	39	57	17	35	52	1	4	5	—	—	—
With mental deficiency	12	14	26	12	13	25	—	—	—	—	—	—
Undiagnosed psychoses	73	67	140	66	63	129	5	4	9	2	1	2
Without psychoses	28	19	47	27	18	45	1	1	2	—	—	—
Diagnosis deferred	23	27	50	21	27	48	1	1	2	1	—	1
2	—	2	2	—	2	2	—	—	—	—	—	—
Total	1,625	1,478	3,103	1,539	1,413	2,952	71	63	134	15	2	17

TABLE 144. — *Environment of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	9	1	10	9	1	10	—	—	—	—	—	—
Senile	10	10	20	10	10	20	—	—	—	—	—	—
With cerebral arteriosclerosis	57	60	117	56	58	114	1	2	3	—	—	—
General paralysis	68	12	80	68	12	78	—	—	—	2	—	2
With cerebral syphilis	8	1	9	8	1	9	—	—	—	—	—	—
With Huntington's chorea	—	1	1	—	1	1	—	—	—	—	—	—
With brain tumor	1	1	2	1	1	2	—	—	—	—	—	—
With other brain or nervous diseases	46	36	82	46	36	82	—	—	—	—	—	—
Alcoholic	224	41	265	219	41	260	5	—	5	—	—	—
Due to drugs and other exogenous toxins	28	14	42	26	14	40	1	—	—	1	—	1
With pellagra	3	—	3	3	—	3	—	—	—	—	—	—
With other somatic diseases	35	48	83	33	45	78	2	3	5	—	—	—
Manic-depressive	164	211	375	160	209	369	4	2	6	—	—	—
Involution melancholia	5	14	19	5	14	19	—	—	—	—	—	—
Dementia praecox	139	106	245	134	105	239	4	—	4	1	1	2
Paranoia or paranoid conditions	31	50	81	30	50	80	—	—	—	1	—	1
Epileptic psychoses	32	13	45	31	13	44	1	—	—	—	—	—
Psychoneuroses and neuroses	36	53	89	35	49	84	1	4	5	—	—	—
With psychopathic personality	17	21	38	16	21	37	—	—	—	1	—	1
With mental deficiency	21	30	51	18	29	47	2	1	3	—	—	—
Undiagnosed psychoses	82	74	156	80	74	154	—	—	—	2	—	2
Without psychoses	531	260	791	516	255	771	12	4	16	3	1	4
Diagnosis deferred	18	11	29	17	11	28	1	—	1	—	—	—
Total	1,565	1,068	2,633	1,519	1,050	2,569	34	16	50	12	2	14

TABLE 145. — *Economic Status of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

	TOTAL		DEPENDENT		MARGINAL		COMFORTABLE		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
PSYCHOSES										
Traumatic	16	3	19	—	16	2	—	1	—	—
Senile	83	131	214	44	40	75	8	14	4	5
With cerebral arteriosclerosis	340	238	598	81	233	188	20	13	6	12
General paralysis	158	48	206	20	131	37	5	2	2	2
With cerebral syphilis	21	7	28	3	16	7	1	1	1	1
With Huntington's chorea	—	3	3	—	—	1	—	—	—	—
With brain tumor	5	1	6	1	4	—	—	—	—	—
With other brain or nervous diseases	28	34	62	8	18	23	1	2	1	1
Alcoholic	168	35	203	22	137	27	5	6	4	5
Due to drugs and other exogenous toxins	6	12	18	2	5	9	1	1	—	—
With pellagra	1	2	3	—	—	2	—	—	—	—
With other somatic diseases	38	67	105	5	27	51	5	7	1	2
Manic-depressive	195	220	415	19	152	178	24	18	—	—
Involution melancholia	32	65	97	3	24	51	5	8	1	1
Dementia praecox	330	348	678	78	237	264	13	27	2	5
Paranoia or paranoid conditions	35	51	86	4	25	44	1	2	1	2
Epileptic psychoses	15	25	40	8	10	13	1	1	—	—
Psychoneuroses and neuroses	18	39	57	4	14	32	1	1	—	—
Psychopathic personality	12	14	26	2	9	10	1	2	—	—
Mental deficiency	73	67	140	33	35	36	5	5	3	1
Undiagnosed psychoses	28	19	47	1	22	15	2	2	2	5
Without psychoses	23	27	50	4	14	13	3	6	2	3
Diagnosis deferred	—	2	2	—	—	2	—	—	—	—
Total	1,625	1,478	3,103	332	1,169	1,080	100	96	24	47

TABLE 146. — *Economic Status of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	9	1	10	1	—	1	8	1	9	—	1	1	—	1	—
Senile	10	10	20	3	2	5	6	6	12	—	—	—	—	—	—
With cerebral arteriosclerosis	57	60	117	10	9	19	40	45	85	—	1	1	—	1	2
General paralysis	68	12	80	2	—	2	63	12	75	—	4	3	—	3	6
With cerebral syphilis	8	1	9	—	—	—	8	1	9	—	2	—	—	1	1
With Huntington's chorea	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
With brain tumor	1	—	1	—	—	—	—	1	2	—	—	—	—	—	—
With other brain or nervous diseases	46	36	82	—	2	2	45	33	78	—	—	—	—	—	—
Alcoholic	224	41	265	17	3	20	202	37	239	—	1	1	—	1	1
Due to drugs and other exogenous toxins	28	14	42	1	1	2	26	12	38	—	1	1	—	1	2
With pellagra	3	—	3	—	—	—	—	—	2	—	1	—	—	—	—
With other somatic diseases	35	48	83	1	2	3	33	46	79	—	1	—	—	1	1
Manic-depressive	164	211	375	3	11	14	151	199	350	9	1	10	—	1	—
Involution melancholia	5	14	19	—	1	1	4	12	16	1	1	2	—	—	—
Dementia praecox	139	106	245	9	1	10	127	104	231	3	1	4	—	—	—
Paranoia or paranoid conditions	31	50	81	3	1	4	27	49	76	1	—	—	—	—	—
Epileptic psychoses	32	13	45	4	—	4	28	13	41	—	—	—	—	—	—
Psychoneuroses and neuroses	36	53	89	1	5	6	35	48	83	—	—	—	—	—	—
With psychopathic personality	17	21	38	2	4	6	15	17	32	—	—	—	—	—	—
With mental deficiency	21	30	51	2	1	3	18	29	47	1	—	1	—	1	2
Undiagnosed psychoses	82	74	156	4	—	4	77	72	149	—	1	1	—	1	—
Without psychoses	531	260	791	63	44	107	452	210	662	7	4	11	—	9	2
Diagnosis deferred	18	11	29	—	1	1	18	10	28	—	—	—	—	1	11
Total	1,565	1,068	2,633	125	88	213	1,386	958	2,344	34	14	48	20	8	28

TABLE 147. — Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Sex.

PSYCHOSES	TOTAL			ONE			TWO		THREE			FOUR			
	M. F. T.			M. F. T.			M. F. T.		M. F. T.			M. F. T.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	19	3	22	16	3	19	1	—	1	1	9	2	—	—	—
Senile	87	143	230	83	131	214	2	7	9	2	2	3	—	—	—
With cerebral arteriosclerosis	359	279	638	340	258	598	10	11	21	6	8	14	2	2	2
General paralysis	181	51	232	158	48	206	10	2	12	8	1	9	4	2	4
With cerebral syphilis	26	7	33	21	7	28	1	—	1	1	4	—	—	—	—
With Huntington's chorea	—	4	4	—	3	3	—	—	1	1	—	—	—	—	—
With brain tumor	5	1	6	5	1	6	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	31	44	75	28	34	62	2	6	8	—	—	—	—	—	—
Alcoholic	206	42	248	168	35	203	14	4	18	9	—	2	1	1	2
Due to drugs and other exogenous toxins	8	15	23	6	12	18	1	1	1	1	1	2	1	1	2
With pellagra	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—
With other somatic diseases	40	71	111	38	67	105	1	2	3	—	2	2	1	—	1
Manic-depressive	292	360	652	195	220	415	21	28	52	27	30	57	14	32	46
Involution melancholia	38	73	111	32	65	97	3	6	9	2	1	3	—	—	—
Dementia praecox	456	467	923	330	348	678	55	50	105	38	34	72	15	20	35
Paranoia or paranoid conditions	47	63	110	35	51	86	3	3	6	9	3	4	2	3	5
Epileptic psychoses	18	29	47	15	25	40	1	2	3	1	1	2	1	1	2
Psychoneuroses and neuroses	18	48	66	18	39	57	—	—	—	—	4	4	—	—	—
With psychopathic personality	16	19	35	12	14	26	1	1	2	2	3	5	1	1	2
With mental deficiency	89	83	172	73	67	140	5	8	13	6	5	11	—	—	—
Undiagnosed psychoses	30	19	49	28	16	47	1	—	1	1	—	—	1	1	1
Without psychoses	25	33	58	23	27	50	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
Total	1,992	1,858	3,850	1,625	1,478	3,103	134	139	273	111	97	208	50	66	116

TABLE 147.— *Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Ser. — Concluded.*

	PSYCHOSES						FIVE		SIX		SEVEN		EIGHT		NINE		TEN OR MORE	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	1	6	3	1	3	—	—	—	—	—	—	—	—	—	—	1	1
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	9	16	25	9	13	22	2	6	8	4	3	7	4	1	5	4	11	15
Manic-depressive	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	9	7	16	2	4	6	3	3	6	2	1	3	—	—	—	2	—	2
Dementia praecox	1	1	2	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	2	1	3	1	1	2	—	—	1	1
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	26	29	54	18	20	38	7	11	18	8	5	13	4	1	5	9	13	22

TABLE 148. — Seasonal Variation in All Admissions to Hospital¹ for Mental Diseases, 1932, by Legal Status of Admission and Sex.

MONTH OF ADMISSION			ALL ADMISSIONS			COURT COMMITMENT ¹						TEMPORARY CARE ADMISSIONS ²			VOLUNTARY ADMISSIONS			
						FIRST ADMISSIONS			READMISSIONS									
									M.	F.	T.							M.	F.	T.
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1931																		
October .	.	.	312	257	569	132	119	251	27	34	61	138	91	229	15	13	28	
November .	.	.	317	228	545	133	108	241	39	24	63	139	84	214	15	12	27	
December .	.	.	298	254	552	127	123	250	41	35	76	117	88	205	13	8	21	
1932																		
January .	.	.	306	272	578	132	125	257	31	30	61	126	109	226	17	17	34	
February .	.	.	264	203	467	129	105	234	24	28	52	94	60	155	16	10	26	
March .	.	.	316	285	601	139	130	269	30	36	66	126	101	227	21	18	39	
April .	.	.	328	281	609	126	121	247	32	39	71	147	107	254	23	14	37	
May .	.	.	350	286	636	148	141	289	36	38	74	146	93	239	20	11	34	
June .	.	.	347	269	616	172	142	314	28	32	60	132	88	220	15	7	22	
July .	.	.	318	257	575	134	139	273	32	25	57	129	89	218	23	4	27	
August .	.	.	319	248	567	143	112	255	30	34	64	133	85	218	13	17	30	
September .	.	.	319	256	575	130	126	256	25	33	58	146	82	228	18	15	33	
Total	.	.	3,794	3,096	6,890	1,645	1,491	3,136	375	383	763	1,565	1,068	2,633	209	149	358	

¹Includes sane dangerous cases at Monson.²Includes admissions for temporary care and observation.

TABLE 149. — *Psychoses of All First Admissions, Readmissions, and Transfers to State Hospitals for Mental Diseases, 1932, by Form of Admission and Sex.*

PSYCHOSES	TOTAL		TOTAL				COURT COMMITMENTS ¹			
	ALL GROUPS		FIRST ADMISSIONS		READMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	30	4	24	4	28	5	16	3	3	—
Senile	101	157	91	137	228	7	83	131	4	12
With cerebral arteriosclerosis	432	349	395	311	706	25	340	258	19	21
General paralysis	305	71	223	60	283	39	158	48	23	3
With cerebral syphilis	37	9	25	8	33	10	21	7	5	—
With Huntington's chorea	—	—	—	—	4	—	—	—	—	—
With brain tumor	6	2	6	2	8	—	5	1	—	—
With other brain or nervous diseases	85	84	72	63	135	8	28	34	3	10
Alcoholic	477	83	358	69	427	78	168	35	38	7
Due to drugs and other exogenous toxins	37	31	31	25	56	6	6	12	2	3
With pellagra	4	2	4	2	6	—	1	2	—	—
With other somatic diseases	77	127	72	108	180	3	38	67	2	4
Manic-depressive	519	633	324	385	709	155	195	220	97	140
Involution melancholia	48	101	38	81	119	32	32	65	6	8
Dementia praecox	809	766	430	429	857	168	330	348	126	119
Paranoia or paranoid conditions	88	127	62	85	147	16	35	51	12	12
Epileptic psychoses	99	179	63	126	209	29	23	33	8	6
Psychoneuroses and neuroses	69	123	53	63	141	10	18	30	5	9
With psychopathic personality	38	50	23	31	54	12	14	26	4	5
With mental deficiency	145	146	90	83	173	21	73	67	16	16
Undiagnosed psychoses	118	94	85	117	179	18	28	19	2	2
Without psychoses	687	385	527	280	807	154	36	32	5	12
Diagnosis deferred	20	13	18	13	31	2	—	2	—	—
Total	4,231	3,443	3,023	2,416	5,439	771	1,645	1,491	375	388
										763

¹Includes same dangerous cases at Monson.

TABLE 149. — *Psychoses of All First Admissions, Readmissions, and Transfers to State Hospitals for Mental Diseases, 1932, by Form of Admission and Sex. — Concluded.*

PSYCHOSES	TEMPORARY CARE			OBSERVATION			VOLUNTARY			TRANSFERS		
	FIRST ADMISSION		READMISSIONS	FIRST ADMISSIONS		READMISSIONS	FIRST ADMISSIONS		READMISSIONS	TRANSFERS		
	M.	F.		M.	F.		M.	F.	T.	M.	F.	T.
Traumatic	6	1	7	1	—	1	1	—	1	1	—	1
Senile	4	5	9	4	1	5	—	—	—	—	4	7
With cerebral arteriosclerosis	38	47	85	14	6	20	3	—	3	12	10	22
General paralysis	47	10	57	10	—	10	8	2	10	43	6	49
With cerebral syphilis	4	1	5	—	—	—	—	—	—	2	1	3
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	1	—	1	—	—	—	—	—	—	—
With other brain or nervous diseases	36	26	62	5	3	8	3	—	3	5	4	—
Alcoholic	126	27	153	59	7	66	5	—	5	41	2	43
Due to drugs and other exogenous toxins	21	10	31	4	1	5	2	2	—	1	—	1
With pellagra	3	—	3	—	—	—	—	—	—	—	—	—
With other somatic diseases	25	32	57	7	16	23	—	2	2	—	—	8
Manic-depressive	110	147	257	11	8	19	8	10	18	40	42	82
Involution melancholia	5	11	16	—	3	3	1	2	3	4	12	16
Dementia praecox	82	74	156	18	6	24	8	5	13	211	192	403
Paranoia or paranoid conditions	21	30	51	2	14	16	—	1	1	10	13	23
Epileptic psychoses	13	6	19	10	2	12	6	2	8	7	1	8
Psychoneuroses and neuroses	24	29	53	4	10	14	6	9	15	11	16	27
With psychopathic personality	7	12	19	1	5	6	3	5	8	6	3	9
With mental deficiency	8	11	19	2	10	12	9	5	14	2	3	11
Undiagnosed psychoses	53	62	115	14	6	20	13	4	17	34	33	67
Without psychoses	182	127	309	62	17	79	221	72	293	88	49	137
Diagnosis deferred	15	11	26	2	—	2	—	—	—	2	—	—
Total	831	680	1,511	401	141	542	120	83	203	146	104	250
							63	45	108	437	347	784

TABLE 150. — *Psychoses of Readmissions by Court Commitment to Hospitals for Mental Diseases, 1932, by Admission Ages and Sex.*

PSYCHOSES	TOTAL		UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	—	—	—	—	—	—	—	1	—	—	—	—
Senile	4	12	16	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	19	21	40	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	23	3	26	—	—	—	—	—	—	—	6	—	4	1	5
With cerebral syphilis	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	3	10	13	—	1	1	1	1	1	—	2	3	—	2	2
Alcoholic	38	7	45	—	—	—	—	—	—	—	1	1	2	5	5
Due to drugs and other exogenous toxins	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	97	140	237	—	—	—	4	7	11	6	9	15	8	22	30
Involution melancholia	6	8	14	—	—	1	1	1	—	—	—	—	—	—	—
Dementia praecox	126	119	245	—	2	2	17	11	28	23	10	33	14	23	37
Paranoia or paranoid conditions	12	12	24	—	—	—	—	—	—	—	—	—	1	1	2
Epileptic psychoses	3	4	7	—	—	—	—	—	—	—	1	1	1	3	1
Psychoneuroses and neuroses	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	4	5	9	—	—	—	1	1	1	2	3	2	2	2	1
With mental deficiency	16	16	32	—	—	—	5	—	5	2	3	5	—	3	3
Undiagnosed psychoses	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	2	6	8	—	1	1	—	—	—	—	—	1	2	3	1
Total	367	380	747	—	1	1	27	21	48	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—	1	1	2	2	4	34	27	61	39	58	97
Total	367	380	747	—											

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1932, by Age at Discharge and Sex. — Continued.*

PSYCHOSES	TOTAL		UNDER 15 YEARS	15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Traumatic	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-			
Senile	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-			
With cerebral arteriosclerosis	-	11	11	-	-	-	-	-	-	-	-	-	-	-	-			
General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
With other brain or nervous diseases	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-			
Alcoholic	35	6	41	-	-	-	1	1	2	1	3	2	1	1	1			
Due to drugs and other exogenous toxins	5	3	8	-	-	-	1	2	2	1	3	2	1	1	1			
With pellagra	2	-	2	-	-	-	1	2	2	1	2	1	1	1	1			
With other somatic diseases	6	11	17	-	-	-	1	1	1	1	1	1	1	1	1			
Manic-depressive	74	106	180	-	-	-	5	14	10	24	8	19	27	9	14			
Involution melancholia	1	8	9	-	-	-	3	3	6	1	1	1	1	1	1			
Dementia praecox	11	21	32	-	-	-	1	3	4	8	12	1	1	1	1			
Paranoia or paranoid conditions	5	2	7	-	-	-	1	3	4	8	1	1	1	1	1			
Epileptic psychoses	2	3	5	-	-	-	1	1	1	2	2	1	1	1	1			
Psychoneuroses and neuroses	3	4	7	-	-	-	1	2	2	1	1	1	1	1	1			
With psychopathic personality	6	5	11	-	-	-	1	1	2	3	2	5	-	2	1			
With mental deficiency	3	8	11	-	-	-	1	1	1	2	3	1	1	1	1			
Undiagnosed psychoses	3	1	4	-	-	-	-	-	1	2	3	1	1	1	1			
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Total	163	185	348	-	-	-	4	6	10	22	21	42	15	24	39	24	20	44

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1932, by Age at Discharge and Sex. — Continued.*
Improved.

PSYCHOSES	TOTAL		UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	4	—	4	—	—	—	—	—	—	—	2	—	1	—	1
Senile	5	17	22	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	42	28	70	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	51	11	62	1	—	—	1	1	2	3	8	—	7	1	8
With cerebral syphilis	7	1	8	—	—	—	—	—	—	—	3	—	1	—	1
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntingdon's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	12	9	21	—	—	—	2	1	3	1	1	—	1	1	2
Alcoholic	58	8	66	—	—	—	—	—	—	2	4	—	5	2	7
Due to drugs and other exogenous toxins	1	5	6	—	—	—	—	—	—	—	1	1	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	9	17	26	—	—	—	—	1	1	—	1	2	—	4	4
Manic-depressive	105	148	253	—	—	—	3	3	6	8	16	20	38	12	31
Involution melancholia	9	20	29	—	—	—	—	—	—	—	—	—	—	1	1
Dementia praecox	185	161	346	—	—	—	10	9	19	22	23	45	53	35	22
Paranoia or paranoid conditions	18	25	43	—	—	—	—	—	—	—	2	2	2	1	—
Epileptic psychoses	2	2	4	—	—	—	—	—	—	—	2	2	2	1	2
Psychoneuroses and neuroses	7	12	19	—	—	—	—	—	—	—	1	1	2	2	3
With psychopathic personality	8	19	27	—	—	—	1	—	4	1	1	2	2	2	5
With mental deficiency	23	25	48	—	—	—	3	4	7	5	5	2	2	3	5
Undiagnosed psychoses	9	6	15	—	—	—	2	1	3	2	2	4	3	2	4
Without psychoses	—	—	—	—	—	—	1	1	2	2	1	1	—	2	—
Diagnosis deferred	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Total	556	517	1,073	—	1	1	20	17	37	40	42	82	71	55	126
							58	47	105				73	73	146

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1932, by Age at Discharge and Sex. — Concluded.*
Unimproved. — Concluded.

PSYCHOSES	40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Senile	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
General paralysis	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With cerebral syphilis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With Huntington's chorea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With brain tumor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other brain or nervous diseases	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Alcoholic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs and other exogenous toxins	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With pellagra	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other somatic diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involution melancholia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia praecox	5	4	9	2	2	5	3	8	1	2	3	1	1	1	1	1	1	1	1	1	1
Paranoia or paranoid conditions	1	2	3	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1
Epileptic psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses and neuroses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Without psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	15	8	23	9	2	11	8	7	15	6	7	13	6	5	11	3	10	13	6	12	18
Without psychoses	8	2	10	1	4	5	—	—	—	1	1	2	—	—	—	2	1	3	—	—	—

TABLE 152. — *Time on Books, Time Spent Out and Net Time Spent within Institutions during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1932, by Psychoses and Sex.*

	ALL CONDITIONS									
	AVERAGE TIME IN YEARS ¹						Net			
	On Books			Out			M.		F.	
	M.	F.	T.	M.	F.	T.	M.	F.	M.	T.
PSYCHOSES										
Traumatic . . . . .	.43	—	.43	.20	—	.20	.23	—	—	.23
Senile	1.64	2.09	1.99	1.00	1.25	1.20	.64	.84	.84	.79
With cerebral arteriosclerosis	1.36	1.33	1.35	.77	.86	.81	.59	.47	.47	.54
General paralysis	1.89	1.61	1.84	1.04	.83	1.00	.85	.78	.78	.84
With cerebral syphilis	2.78	1.50	2.50	1.36	1.00	1.28	1.42	.50	1.00	1.22
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor . . . . .	.04	1.50	.77	.04	1.00	.52	—	.50	—	.25
With other brain or nervous diseases	1.56	2.07	1.81	.85	1.00	.92	.71	1.07	.89	.89
Alcoholic	2.14	1.41	2.05	.93	.90	.93	1.21	.51	.51	1.12
Due to drugs and other exogenous toxins . . . . .	.67	1.04	.88	.33	.62	.50	.34	.42	—	.38
With pellagra . . . . .	.81	—	.81	.50	—	.50	.31	—	—	.31
With other somatic diseases	1.05	1.51	1.35	.68	.99	.81	.37	.63	.63	.54
Manic-depressive	2.00	2.03	2.02	.84	.99	.93	1.16	1.04	1.04	1.09
Involution melancholia	2.01	2.39	2.28	1.01	1.23	1.17	1.00	1.16	1.16	1.11
Dementia praecox	2.68	2.74	2.71	.74	.88	.81	1.94	1.86	1.86	1.90
Paranoia or paranoid conditions	1.81	1.76	1.78	.81	.75	.78	1.00	1.01	1.01	1.00
Epileptic psychoses	3.10	2.16	2.63	1.00	.60	.80	2.10	1.56	1.56	1.83
Psychoneuroses and neuroses . . . . .	.61	1.40	1.48	.68	.63	.65	.93	.77	.77	.83
With psychopathic personality	2.10	1.81	1.93	.75	.88	.83	1.35	.93	.93	1.10
With mental deficiency	2.56	1.89	2.21	1.10	.90	.99	1.46	.99	.99	1.22
Undiagnosed psychoses	3.34	1.23	2.64	2.06	.75	1.62	1.28	.48	1.28	1.02
Without psychoses	1.96	.79	1.61	.66	.28	.55	1.30	.51	1.30	1.06
Diagnosis deferred	—	.33	.33	—	—	—	—	.33	—	.33
Total	2.15	2.12	2.14	.88	.93	.91	1.27	1.19	1.27	1.23

¹While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

TABLE 153. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1932, by Age at Discharge and Sex.*

PSYCHOSES	TOTAL		UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	10	1	—	—	—	—	—	—	—	—	1	—	1	—
Senile	8	8	—	11	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	38	48	—	16	—	—	—	—	—	—	—	—	—	—
General paralysis	73	12	—	86	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	10	1	—	85	—	—	—	—	2	1	3	—	15	3
With Huntington's chorea	—	1	—	11	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	43	34	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	223	40	2	77	2	1	3	4	3	2	5	—	2	3
Due to drugs and other exogenous toxins	27	16	—	263	—	—	—	—	15	4	19	—	54	6
With pellagra	2	—	—	43	—	—	—	—	1	—	6	—	8	4
With other somatic diseases	24	39	—	2	—	—	—	—	—	—	—	—	—	—
Manic-depressive	180	222	—	63	—	—	—	2	—	—	2	3	3	5
Involution melancholia	5	16	—	402	—	—	—	20	22	22	39	61	27	33
Dementia praecox	136	109	—	21	—	—	—	28	48	—	—	—	—	—
Paranoia or paranoid conditions	31	53	—	84	—	1	—	32	12	—	26	20	15	13
Epileptic psychoses	47	25	—	84	—	1	—	14	4	2	7	4	9	12
Psychoneuroses and neuroses	49	66	—	115	—	4	16	17	11	3	2	6	8	3
With psychopathic personality	19	21	—	40	—	3	13	7	9	7	5	9	3	4
With mental deficiency	23	30	—	53	—	3	8	1	—	4	1	5	2	3
Undiagnosed psychoses	77	69	—	146	—	2	1	3	4	4	2	5	9	5
Without psychoses	592	313	—	905	—	4	4	8	11	6	7	13	14	10
Diagnosis deferred	18	12	—	30	—	74	83	157	41	58	66	22	78	36
Total	1,635	1,136	56	42	135	137	272	154	118	159	183	134	242	144
			98					272		271		317		386

TABLE 153. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1932, by Age at Discharge and Sex. — Concluded.*

PSYCHOSES	40-44 YEARS		45-49 YEARS		50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	1	—	5	—	—	—	1	—	1	—	—	—	—	—
Senile	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	1	—	—	—	1	—	—	—	—	—	—	—	—
General paralysis	20	2	—	—	1	7	2	14	9	8	1	2	6	3
With cerebral syphilis	2	2	6	2	14	4	7	—	5	—	13	5	13	9
With Huntington's chorea	—	—	2	2	2	18	1	—	1	—	1	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	45	7	8	2	7	14	2	9	2	—	—	—	—	—
Due to drugs and other exogenous toxins	4	2	36	5	21	6	14	3	8	—	2	2	1	—
With pellagra	—	—	3	4	2	2	—	—	1	—	—	—	—	—
With other somatic diseases	5	—	—	—	3	6	—	—	2	—	—	—	—	—
Manic-depressive	16	25	20	13	12	25	24	14	9	5	—	—	—	—
Involution melancholia	1	2	2	4	—	7	1	3	4	—	—	—	—	—
Dementia praecox	9	13	4	10	1	11	3	3	2	2	—	—	—	—
Paranoia or paranoid conditions	3	16	5	7	1	7	2	5	1	2	—	—	—	—
Epileptic psychoses	3	—	2	—	3	6	2	—	1	—	—	—	—	—
Psychoneuroses and neuroses	6	5	2	8	2	4	2	3	1	3	1	—	—	—
With psychopathic personality	—	3	3	3	1	2	1	1	—	—	—	—	—	—
With mental deficiency	2	2	2	2	1	1	—	—	—	—	—	—	—	—
Undiagnosed psychoses	14	16	11	9	7	4	3	4	1	2	—	—	—	—
Without psychoses	55	24	44	12	40	10	36	8	17	8	25	1	8	5
Diagnosis deferred	1	1	—	—	2	2	—	—	—	—	—	—	—	—
Total	189	119	158	84	120	104	106	71	64	32	39	15	30	24
				242		224		177		96		54		54

TABLE 154. — Age at Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1932, by Hospital and Sex.

	HOSPITALS	TOTAL		UNDER 15 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS		
		M.	T.	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	84	93	—	—	—	—	3	3	15	12	27	7	6	13	8	8	16	4	9	13
Boston Psychopathic	.	37	19	—	1	—	—	2	5	6	3	9	3	3	6	5	2	7	2	1	3
Danvers	.	107	114	—	—	—	7	4	11	12	9	21	10	14	24	13	7	20	9	15	24
Foxborough	.	48	34	—	—	—	3	3	6	5	3	8	6	7	13	1	5	6	4	4	8
Gardner	.	18	24	—	—	—	—	1	1	2	1	3	3	1	4	2	1	3	2	1	3
Graton	.	10	10	—	—	—	—	—	—	1	1	3	4	2	6	1	2	3	3	2	5
Medford	.	25	47	—	—	—	—	—	—	1	1	5	6	2	8	2	8	10	3	3	8
Metropolitan	.	5	6	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	3	2	5
Northampton	.	62	94	—	—	—	—	3	4	12	5	17	6	9	15	4	13	17	9	12	21
Taunton	.	80	84	—	—	—	2	3	5	10	5	15	7	4	11	10	12	22	9	12	21
Westborough	.	72	111	—	—	—	2	1	3	8	7	15	9	9	18	8	12	20	9	15	24
Worcester	.	155	125	—	—	—	6	7	13	11	16	27	9	8	17	20	16	36	23	20	43
Monson	.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
McLean	.	37	39	—	—	—	3	1	4	3	5	8	4	2	6	3	5	8	8	5	13
Bridgewater	.	30	—	—	—	—	—	—	—	1	3	—	3	7	—	7	—	7	4	—	4
Tewksbury	.	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' Hospital No. 107	.	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	—	21
U. S. Veterans' Hospital No. 95	.	34	—	—	—	—	—	—	—	—	—	—	—	—	—	14	—	14	—	—	—
Total	.	865	802	—	3	3	29	28	57	91	74	165	77	69	146	105	91	196	127	103	230

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1932, by Form of Admission and Sex.*

PSYCHOSES	TOTAL			TOTAL			COURT COMMITMENT ¹					
	TOTAL			TOTAL			TRANSFERS		TOTAL		FIRST ADMISSIONS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	17	1	18	9	1	10	6	—	2	5	—	5
Senile	18	37	55	12	25	37	3	4	7	7	20	26
With cerebral arteriosclerosis	101	99	200	77	76	153	14	16	30	53	35	76
General paralysis	173	33	206	85	20	105	44	8	52	28	9	37
With cerebral syphilis	18	4	22	7	3	10	1	1	2	2	2	4
With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	—	—
With brain tumor	2	1	3	1	1	2	—	—	—	1	1	2
With other brain or nervous disease	65	50	115	50	34	84	7	13	20	11	14	27
Alcoholics	370	57	427	246	43	289	81	12	93	104	10	72
Due to drugs and other exogenous toxins	35	26	61	26	17	43	7	7	14	6	5	8
With pellagra	4	—	4	3	—	3	1	—	—	2	—	—
With other somatic diseases	42	76	118	35	52	87	5	17	22	16	30	46
Manic-depressive	404	523	927	178	316	494	193	166	359	191	161	214
Involution melancholia	22	55	77	10	35	45	8	13	21	5	19	24
Dementia praecox	584	487	1,071	199	174	373	176	145	321	209	94	196
Paranoia or paranoid conditions	67	107	174	42	57	99	15	12	27	26	37	63
Epileptic psychoses	66	33	99	45	20	65	10	1	11	9	4	9
Psychoneuroses and neuroses	64	88	152	31	50	81	3	3	6	12	19	31
With psychopathic personality	41	52	93	21	23	44	5	6	11	17	25	42
With mental deficiency	86	101	187	33	33	66	22	32	54	15	17	32
Undiagnosed psychoses	103	81	184	72	67	139	21	10	31	16	6	16
Without psychoses	639	339	978	466	243	709	171	90	261	45	24	36
Diagnosis deferred	18	14	32	16	13	29	2	1	3	—	1	—
Total	2,939	2,267	5,206	1,664	1,313	2,977	842	629	1,471	871	806	1,677
							433	325	758	409	466	875
										462	340	802

¹Includes sane dangerous cases at Monson.

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1932, by Form of Admission and Sex. — Concluded.*

PSYCHOSES	TEMPORARY CARE AND OBSERVATION						VOLUNTARY						TRANSFERS					
	TOTAL			FIRST ADMISSIONS			READMISSIONS			TOTAL					FIRST ADMISSIONS			READMISSIONS
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	1	9	6	1	7	2	2	2	2	2	2	2	2	2	2	2	2
Senile	7	8	15	5	5	10	2	3	5	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis	35	48	83	34	41	75	1	7	8	1	1	1	1	1	1	1	1	1
General paralysis	64	11	75	53	10	63	11	1	12	3	1	10	3	1	5	5	8	52
With cerebral syphilis	9	1	10	5	1	6	4	1	4	1	1	1	1	1	1	1	1	1
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	40	34	74	37	27	64	3	7	10	3	3	3	3	3	3	3	3	11
With other brain or nervous diseases	219	40	259	181	33	214	38	7	45	4	4	3	1	1	1	43	2	45
Alcoholic	26	15	41	23	11	34	3	4	7	1	1	2	1	1	1	2	2	4
Due to drugs and other exogenous toxins	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	24	37	61	23	28	51	1	9	10	2	2	2	2	2	2	2	7	9
With other somatic diseases	159	207	366	116	148	264	43	59	102	21	15	36	9	7	16	33	41	74
Manic-depressive	4	14	18	4	14	18	—	—	—	1	2	3	1	2	3	4	7	11
Involution melancholia	134	107	241	97	79	176	37	28	65	2	2	4	1	1	1	209	170	379
Dementia praecox	30	51	81	27	35	62	3	16	19	2	2	4	1	1	3	10	17	27
Paranoia or paranoid conditions	30	12	42	18	37	25	12	5	17	17	13	30	12	9	9	10	1	11
Epileptic psychoses	36	51	87	31	37	68	5	14	19	13	15	28	5	10	15	8	5	13
Psychoneuroses and neuroses	18	19	37	12	13	25	6	6	12	1	2	3	1	2	3	3	3	6
With psychopathic personality	22	30	52	18	16	34	4	14	18	1	1	1	—	—	—	5	6	11
With mental deficiency	77	69	146	62	61	123	15	8	23	—	—	—	—	—	—	31	36	67
Undiagnosed psychoses	521	269	790	391	207	598	130	62	192	71	44	115	51	24	75	20	40	14
Without psychoses	18	12	30	16	12	28	2	—	2	—	—	—	—	—	—	2	6	8
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,483	1,037	2,520	1,161	787	1,948	322	250	572	152	99	251	93	60	153	59	39	98
																433	325	758

TABLE 156. — *Citizenship of Patients Discharged from Hospitals for Mental Diseases, 1932, by Form of Admission and Sex.*
NUMBER.

FORM OF ADMISSION	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment	865	802	1,667	564	524	1,088	115	93	208	161	157	318	25	28	53
Temporary Care and Observation	1,483	1,037	2,520	982	689	1,671	230	149	379	241	164	405	30	35	65
Voluntary	152	99	251	124	82	206	17	11	28	8	5	13	3	1	4
Others ¹	6	4	10	5	3	8	1	—	1	—	—	—	—	1	1
Total	2,506	1,942	4,448	1,675	1,298	2,973	363	253	616	410	326	736	58	65	123
PERCENT.															
Regular Commitment	34.5	41.3	37.5	33.7	40.4	36.6	31.7	36.8	33.8	39.3	48.2	43.2	43.1	43.1	43.1
Temporary Care and Observation	59.2	53.4	56.7	58.6	53.1	56.2	63.4	58.9	61.5	58.8	50.3	55.0	51.7	53.9	52.8
Voluntary	6.1	5.1	5.6	7.4	6.3	6.9	4.7	4.3	4.5	1.9	1.5	1.8	5.2	1.5	3.3
Others ¹ . . . . .	.2	.2	.2	.3	.2	.3	.2	—	.2	—	—	—	—	1.5	.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Includes sane dangerous cases at Monson.

TABLE 158. --- Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1932, by Age at Death and Sex. --- Concluded.

PSYCHOSES	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	-	-	-	-	2	2	2	2	2	2	-	-	-	-	-	-	-	-
Senile	-	-	-	-	2	7	11	17	21	32	17	36	13	39	6	23	2	7
With cerebral arteriosclerosis	11	8	17	10	37	27	47	36	67	53	57	36	41	30	15	7	2	5
General paralysis	20	4	18	2	18	2	5	4	5	2	-	2	-	-	-	-	-	-
With cerebral syphilis	2	1	3	3	3	1	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	1	-	-	-	-	-	1	1	-	-	-	-	-	-	-
With other brain or nervous diseases	6	-	3	2	3	1	1	2	-	3	-	-	-	-	-	-	-	-
Alcoholic	4	1	7	2	9	10	20	3	11	3	10	-	3	1	1	1	-	-
Due to drugs and other exogenous toxins	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
With pellagra	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	5	2	7	6	4	6	3	6	2	2	2	1	-	1	-	-	-	-
Manic-depressive	9	4	3	8	9	10	8	5	2	1	4	5	-	4	1	1	-	-
Involution melancholia	2	10	12	4	2	4	2	3	1	1	1	2	-	-	-	-	-	-
Dementia praecox	14	13	12	22	15	14	12	28	24	30	18	22	4	3	-	4	2	2
Paranoia or paranoid conditions	-	-	3	4	3	3	1	3	3	1	4	4	-	2	-	-	-	-
Epileptic psychoses	-	2	5	4	1	2	1	1	1	2	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	3	1	4	2	6	1	2	-	1	1	1	-	1	1	1	1	-	-
Undiagnosed psychoses	-	-	2	2	4	2	1	-	1	1	-	-	1	1	-	-	-	-
Without psychoses	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	78	49	85	70	115	78	116	110	120	126	106	104	62	81	23	37	4	18

TABLE 159. --- Age at Death of Committed Patients who Died in Hospitals for Mental Diseases, 1932, by Hospital and Sex.

HOSPITALS	TOTAL		UNDER 15 YEARS	15-19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40-45 YEARS	45-49 YEARS														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
Boston State	171	163	334	1	1	2	5	7	12	2	5	7	6	5	11									
Boston Psychopathic	8	16		1	1	2	2	2	4	2	2	2	1	1	2									
Danvers	143	135	278	3	3	6	4	2	6	3	6	9	2	6	10									
Foxborough	36	41	77	—	—	2	2	2	1	—	2	2	—	3	3									
Gardner	33	38	71	—	1	1	—	—	—	—	2	2	—	2	4									
Grafton	27	31	58	—	—	—	—	2	2	1	—	—	—	1	—									
Medfield	55	84	139	—	—	—	—	2	2	—	1	—	1	2	3									
Metropolitan	3	5	8	—	—	—	—	2	4	—	2	3	—	3	2									
Northampton	56	44	100	—	—	—	1	1	—	2	2	2	2	1	2									
Taunton	82	81	163	—	—	2	2	2	4	2	2	4	2	5	9									
Westborough	76	84	160	—	2	2	2	2	4	1	4	5	3	2	5									
Worcester	123	99	222	—	—	—	1	2	3	2	2	2	7	11	7									
Monson	13	7	20	1	3	4	1	2	3	1	1	3	2	2	1									
McLean	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—									
Bridgewater	24	24		—	—	—	—	—	—	2	2	2	1	1	1									
Tewksbury	19	13	32	—	—	—	—	1	—	1	—	—	1	—	—									
U. S. Veterans' Hospital No. 107	11	11		—	—	—	—	—	—	—	—	—	3	1	1									
U. S. Veterans' Hospital No. 95	6	—		—	—	—	—	—	—	2	—	—	1	—	—									
Total	891	838	1,729	1	2	3	7	5	12	10	14	24	23	27	50	28	31	59	48	30	78	49	42	91

TABLE 159. — Age at Death of Committed Patients who Died in Hospitals for Mental Diseases, 1932, by Hospital and Sex. — Concluded.

HOSPITALS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Boston State	14	6	19	10	29	12	22	23	28	36	19	17	15	23	1	4	1	4
Boston Psychopathic	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Danvers	10	11	14	11	25	21	21	16	20	13	13	22	13	15	5	7	1	2
Foxborough	4	5	3	6	9	9	5	4	5	6	4	3	4	4	2	1	1	1
Gardner	6	6	4	3	7	5	5	7	1	8	5	2	4	5	1	2	1	1
Grafton	6	3	4	5	9	4	1	6	2	3	5	4	1	1	1	1	1	1
Medford	8	2	10	7	13	6	9	12	7	11	6	13	1	5	1	4	3	3
Metropolitan	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Northampton	2	2	4	2	1	9	9	5	7	8	5	6	7	5	4	1	1	1
Taunton	8	6	14	5	8	15	12	17	10	14	11	12	7	3	5	9	1	1
Westborough	4	4	4	6	10	3	11	4	17	17	16	14	30	10	3	6	1	4
Worcester	8	2	19	8	27	12	15	18	20	8	14	9	23	16	5	6	1	1
Monson	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
McLean	1	1	2	2	2	1	1	1	3	1	2	2	1	1	1	1	1	1
Bridgewater	3	1	2	1	1	2	7	3	3	4	3	2	1	1	1	3	1	1
Tewksbury	2	2	1	1	1	1	5	3	1	1	2	2	1	1	1	3	1	1
U. S. Veterans' Hospital No. 107	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
U. S. Veterans' Hospital No. 95	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	78	49	127	85	70	155	116	110	120	126	106	104	62	81	23	37	4	14

TABLE 160. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of Committed Patients who Died during 1932, by Sex.*

NUMBER OF ADMISSIONS																					
TOTAL		LESS THAN 1 MONTH		1-3 MONTHS		4-7 MONTHS		8-11 MONTHS		1 YEAR		2 YEARS									
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.								
557	515	1,072	124	105	229	105	90	195	55	57	112	41	24	65	52	65	117	43	30	73	
237	194	431	14	14	28	22	21	43	14	7	21	13	9	22	22	15	37	16	10	26	
59	73	132	3	2	5	5	7	12	1	3	4	3	6	9	5	7	12	6	2	8	
19	33	52	1	2	3	2	1	3	2	2	2	—	—	—	2	2	2	2	3	3	
9	12	21	—	1	1	2	1	3	—	1	1	—	1	1	—	1	1	1	—	—	
Six	7	14	—	—	1	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	
Seven	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Eight	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Nine	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ten or more	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	891	838	1,729	142	125	267	137	123	260	72	69	141	57	40	97	81	89	170	66	46	112

NUMBER OF ADMISSIONS																							
3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30 YEARS AND OVER									
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.								
26	29	55	17	19	36	40	44	84	17	25	42	11	9	20	12	11	23	8	5	13	6	2	8
12	10	22	11	5	16	34	30	64	21	23	44	26	16	42	8	12	20	10	11	25	6	11	21
1	3	4	2	2	4	10	10	20	7	14	21	2	9	11	4	2	6	4	2	6	6	6	12
—	1	1	2	1	3	4	10	14	2	8	10	—	3	3	2	—	2	1	1	2	3	1	4
—	1	1	2	1	3	1	—	3	—	1	3	—	1	1	1	1	1	2	1	1	2	2	2
—	1	1	—	1	1	3	—	3	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—</													

TABLE 161. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Committed Patients who Died during 1932, by Sex.*

NUMBER OF ADMISSIONS																					
	TOTAL		LESS THAN 1 MONTH		1-3 MONTHS		4-7 MONTHS		8-11 MONTHS		1 YEAR		2 YEARS								
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.							
One	557	515	1,072	124	105	229	103	91	194	54	57	111	41	24	65	52	65	117	44	29	73
Two	237	194	431	11	8	19	19	11	30	14	12	26	9	9	18	20	15	35	15	13	28
Three	39	73	132	—	—	—	—	3	3	4	4	8	—	5	5	4	5	9	10	4	14
Four	19	33	52	—	—	—	—	1	1	1	1	1	—	1	1	1	1	2	—	1	1
Five	9	12	21	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	1	2	3
Six	7	7	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seven	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten or more	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	891	838	1,729	135	113	248	122	106	228	74	74	148	50	39	89	77	88	165	70	49	119

NUMBER OF ADMISSIONS																								
	3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30 YEARS AND OVER									
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.								
One	26	29	55	18	19	37	41	44	85	17	25	42	11	9	20	12	11	23	9	5	14	5	2	7
Two	8	9	17	15	6	21	39	33	72	20	15	35	20	13	33	13	14	27	10	12	22	24	24	48
Three	2	1	3	2	5	7	7	6	13	8	9	17	4	4	8	7	7	14	3	5	6	10	15	25
Four	—	2	2	1	1	2	4	8	12	2	6	8	—	4	4	1	4	3	1	5	4	3	4	7
Five	1	—	1	1	1	2	3	1	4	2	1	1	1	1	1	2	1	1	3	3	3	1	2	3
Six	—	—	—	—	—	—	—	4	4	—	2	—	—	—	—	—	—	—	2	—	—	—	—	—
Seven	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten or more	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	37	41	78	38	32	70	94	96	190	49	57	106	38	32	70	37	36	73	25	26	51	45	49	94

TABLE 162. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1932, by Psychoses and Sex.

CAUSES OF DEATH		TOTAL		SENILE		WITH CEREBRAL ARTERIO-SCLEROSIS		GENERAL PARALYSIS		ALCOHOLIC		MANIC-DEPRESSIVE		INVOLUTION MELAN-CHOLIA	
		M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.
<i>Epidemic, Endemic and Infectious Diseases:</i>															
Typhoid and paratyphoid fever . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Erysipelas . . . . .	.	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Lethargic encephalitis . . . . .	.	4	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system . . . . .	.	62	131	2	5	7	1	—	—	3	1	4	1	11	12
Tuberculosis of other organs . . . . .	.	3	6	—	—	—	—	—	—	1	—	—	2	2	—
Syphilis (non-nervous forms) . . . . .	.	11	4	—	—	—	—	—	2	—	—	—	—	—	1
<i>General Diseases not included in Class I:</i>															
Cancer and other malignant tumors . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Tumor (non-cancerous) . . . . .	.	21	58	2	11	13	2	9	11	—	—	6	2	4	6
Pellagra . . . . .	.	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes . . . . .	.	4	11	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholism (acute or chronic) . . . . .	.	5	1	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases . . . . .	.	7	2	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System:</i>															
Meningitis (non-epidemic) . . . . .	.	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Tabes dorsalis (locomotor ataxia) . . . . .	.	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of spinal cord . . . . .	.	33	37	7	7	7	16	14	30	1	2	3	—	1	1
Cerebral hemorrhage, apoplexy . . . . .	.	107	30	2	2	4	—	—	—	103	26	129	—	—	—
General paralysis of the insane . . . . .	.	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Other forms of mental disease . . . . .	.	10	11	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy . . . . .	.	6	11	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Diseases of the Circulatory System:</i>															
Endocarditis and myocarditis . . . . .	.	207	220	23	45	68	98	67	165	1	3	4	25	4	29
Angina pectoris . . . . .	.	11	4	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the heart . . . . .	.	16	36	2	9	11	3	2	5	—	—	—	1	2	1
Arteriosclerosis . . . . .	.	162	84	20	24	44	96	43	139	—	—	—	2	1	3
Other diseases of the arteries . . . . .	.	—	1	—	—	—	—	—	—	—	—	—	13	5	4
Other diseases of the circulatory system . . . . .	.	2	1	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 162. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1932, by Psychoses and Sex. — Concluded.

CAUSES OF DEATH																						
	Dementia Praecox			Paranoia or Paranoid Conditions			Epileptic Psychoses			Psychoneuroses and Neuroses			With Psychopathic Personality			With Mental Deficiency			All Other Psychoses			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Diseases of the Respiratory System:</i>																						
Bronchitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bronchopneumonia	4	6	10	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lobar pneumonia	3	16	19	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pleurisy	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Asthma	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of the respiratory system (tuberculosis excepted)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Diseases of the Digestive System:</i>																						
Ulcer of stomach and duodenum	2	—	2	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of stomach (cancer excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diarrhea and enteritis	—	4	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Appendicitis and typhlitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hernia and intestinal obstruction	—	3	3	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of the intestines	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
Cirrhosis of liver	—	2	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	
Biliary calculi	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of the liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of digestive system (tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia:</i>																						
Nephritis	2	2	4	1	1	2	—	1	1	—	1	—	—	—	3	10	13	—	—	11	10	21
Other diseases of kidneys and annexa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diseases of bladder	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	
Diseases of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	
Other diseases of genito-urinary system	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Diseases of the Skin and of the Cellular Tissues:</i>																						
Other diseases of skin and annexa	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>External Causes:</i>																						
Suicide	4	1	5	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Accidental poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Accidental traumatism	3	6	9	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	2	2	
Other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	
Total	122	187	309	11	19	30	19	19	38	2	2	4	1	2	3	31	15	46	88	82	170	

TABLE 163. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Citizenship and Sex.*

NATIVITY	TOTAL		ALIEN		NATURALIZED		CITIZENS BY BIRTH		OTHERS		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	1	1	2	1	—	1	—	—	—	—	—	—
Australia	5	3	8	1	2	3	—	—	—	—	—	—
Austria	100	67	167	74	45	119	14	9	23	—	—	—
Belgium	7	4	11	4	3	7	2	—	—	—	—	—
Canada ¹	732	920	1,652	352	465	817	240	248	488	—	—	—
Central America	2	1	3	1	1	2	1	—	—	—	—	—
China	21	1	22	19	1	20	1	—	—	—	—	—
Czecho-Slovakia	1	5	6	1	2	3	—	—	—	—	—	—
Cuba	2	4	6	1	3	4	1	2	2	—	—	—
Denmark	14	11	25	6	6	12	6	4	10	—	—	—
England	230	309	539	99	139	238	90	121	211	—	—	—
Finland	80	58	138	57	43	100	12	10	22	—	—	—
France	17	22	39	8	15	23	7	5	12	—	—	—
Germany	94	96	190	39	48	87	33	32	65	—	—	—
Greece	95	29	124	59	23	82	18	1	19	—	—	—
Holland	3	—	3	2	—	2	1	—	—	—	—	—
Hungary	11	11	22	5	7	12	2	2	4	—	—	—
India	4	1	5	1	1	2	3	—	—	—	—	—
Ireland	671	1,234	1,905	269	641	910	272	350	622	—	—	—
Italy	433	269	702	285	181	466	91	48	139	—	—	—
Japan	1	—	1	1	—	1	—	—	—	—	—	—
Jugo-Slavia	3	—	3	2	1	2	1	—	—	—	—	—
Mexico	1	1	2	1	—	1	—	—	—	—	—	—
Norway	27	13	40	13	5	18	10	6	16	—	—	—
Philippine Islands	4	—	4	1	—	1	2	—	—	—	—	—
Poland	307	215	522	228	153	381	43	29	72	—	—	—
Porto-Rico	4	1	5	2	—	2	—	—	—	—	—	—
Portugal	138	84	222	102	67	169	24	5	29	—	—	—
Rumania	11	4	15	6	3	9	5	1	6	—	—	—
Russia	432	314	746	291	200	491	87	52	139	—	—	—
Scotland	67	95	162	23	44	67	35	32	67	—	—	—
South America	9	3	12	7	3	10	1	—	—	—	—	—
Spain	8	1	9	6	1	7	—	—	—	—	—	—
Sweden	130	152	282	57	86	143	56	39	95	—	—	—
Switzerland	6	4	10	5	2	7	—	—	—	—	—	—
Turkey in Asia	28	9	37	19	3	22	4	3	7	—	—	—
Turkey in Europe	17	7	24	12	6	18	4	1	5	—	—	—
United States	7,390	6,753	14,143	—	—	—	—	—	—	—	—	—
Wales	9	3	12	4	2	6	4	—	—	—	—	—
West Indies ²	27	24	51	22	14	36	4	4	7	—	—	—
Other Countries ³	187	109	296	125	81	206	33	17	50	—	—	—
Unknown	41	29	70	2	—	2	—	—	—	—	—	—
- Total	11,370	10,867	22,237	2,213	2,297	4,510	1,109	1,030	2,139	7,390	6,753	14,143

¹Includes Europe and Asia, not specified; also born at sea.²Except Cuba and Porto Rico.³Includes Newfoundland.

TABLE 164. — *Country of Birth of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.* — Continued.

COUNTRY OF BIRTH	WITH OTHER SOMATIC DISEASES		MANIC-DEPRESSIVE		INVOLUTION MELANCHOLIA		DEMENTIA PRAECOX		PARANOID OR PARANOID CONDITIONS		EPILEPTIC PSYCHOSES	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	1	—	—	—	—	—	—	—	—	—
Australia	—	—	1	—	—	—	—	—	—	—	—	—
Austria	—	—	2	—	—	—	—	—	—	—	—	—
Belgium	—	—	9	—	—	—	—	—	—	—	—	—
Canada	7	4	11	59	96	155	1	67	44	1	1	2
Central America	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—
Czechoslovakia	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—
England	2	—	2	20	29	49	1	1	2	1	—	—
Finland	—	—	—	—	—	—	—	—	—	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—
Germany	—	—	—	—	—	—	—	—	—	—	—	—
Greece	1	2	3	3	8	15	—	—	—	—	—	—
Holland	1	—	1	7	3	10	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	4	20	24	38	128	166	2	2	1	—	—	—
Italy	4	3	7	34	46	80	262	635	897	14	81	95
Japan	—	—	—	—	—	—	212	139	351	17	13	30
Yugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—
Mexico	—	—	—	—	—	—	—	—	—	—	—	—
Norway	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—
Poland	—	—	—	—	—	—	—	—	—	—	—	—
Porto Rico	4	2	6	6	26	32	10	7	17	3	1	4
Portugal	1	1	2	10	12	22	188	4	327	9	7	16
Rumania	—	—	—	—	—	—	—	—	—	—	—	—
Russia	6	2	8	25	37	62	65	43	108	6	6	12
Scotland	—	—	—	—	—	—	—	—	—	—	—	—
South America	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	1	1	2	15	10	25	297	217	514	8	9	17
Switzerland	—	—	—	—	—	—	31	42	73	4	7	11
Turkey in Asia	—	—	—	—	—	—	5	2	7	1	1	1
Turkey in Europe	—	—	—	—	—	—	8	1	9	4	9	13
	—	—	—	—	—	—	59	97	156	4	3	6
	—	—	—	—	—	—	4	1	5	1	1	1
	—	—	—	—	—	—	22	7	29	1	2	—
	—	—	—	—	—	—	14	3	17	—	—	—

TABLE 164. — *Country of Birth of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex. — Concluded.*

COUNTRY OF BIRTH	PSYCHONEU- ROSES AND NEUROSES		WITH PSYCHO- PATHIC PER- SONALITY		WITH MENTAL DEFICIENCY		UNDIAGNOSED PSYCHOSES		WITHOUT PSYCHOSES		DIAGNOSIS DEFERRED	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	—	—	—	—	—	—	—
Australia	—	—	—	—	—	—	—	—	—	—	—	—
Austria	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	—	—	—	—	—	—	—	—	—	—	—	—
Canada	2	3	5	11	4	15	43	59	102	15	16	31
Central America	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—
Czecho-Slovakia	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—
England	2	2	4	1	1	2	9	17	26	4	4	8
Finland	1	1	2	1	1	2	2	1	3	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—
Germany	—	—	—	1	1	2	2	1	3	1	—	1
Greece	—	—	—	—	—	—	6	1	7	—	—	—
Holland	—	—	—	—	—	—	—	—	—	2	—	2
Hungary	—	—	—	—	—	—	—	2	2	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	3	2	5	1	4	5	20	45	65	8	4	12
Italy	1	—	1	5	2	7	38	14	52	4	2	6
Japan	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—
Mexico	—	—	—	—	—	—	—	—	—	1	—	1
Norway	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—
Poland	1	—	1	—	3	3	5	11	16	1	1	2
Porto Rico	—	—	—	1	—	1	6	2	8	—	—	—
Portugal	—	—	—	1	—	1	—	—	—	2	—	2
Rumania	—	—	—	—	—	—	—	—	—	—	—	—
Russia	1	—	1	2	2	4	13	14	27	4	1	5
Scotland	—	—	—	—	—	—	3	3	6	2	—	2
South America	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	—	—	—	—	—	—	3	5	8	—	—	—
Switzerland	—	—	—	—	—	—	1	1	2	1	2	3
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Europe	—	—	—	1	—	—	—	—	—	—	—	—

United States	36	72	108	74	61	135	684	599	1,283	13	7	20	473	381	854	1	-	1
Wales	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indies ²	-	1	1	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Other Countries ³	-	-	-	3	1	4	9	5	14	-	-	-	1	3	4	-	-	-
Unknown	-	-	-	-	-	-	7	3	10	-	-	-	2	2	4	-	-	-
Total	48	83	131	103	81	184	856	796	1,652	19	9	28	522	420	942	2	-	2

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia, not specified; also born at sea.

TABLE 165. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.

PSYCHOSES	TOTAL			UNDER 19 YEARS						20-29 YEARS					
				AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	7	55	2	1	3	1	—	1	7	—	7	4	1	5
Senile	196	407	603	1	—	1	1	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	441	883	1,324	1	—	1	1	—	1	17	8	25	8	2	10
General paralysis	481	132	613	1	1	2	—	—	—	6	2	8	2	2	4
With cerebral syphilis	83	34	117	—	—	—	—	—	—	1	4	5	—	4	4
With Huntington's chorea	10	9	19	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	2	1	3	—	—	—	—	—	—	—	1	1	—	—	—
With other brain or nervous diseases	140	94	234	26	10	36	12	8	20	25	19	44	33	15	48
Alcoholic	1,084	206	1,290	1	1	2	—	—	—	34	8	42	15	4	19
Due to drugs and other exogenous toxins	10	15	25	—	—	—	—	—	—	—	2	2	—	1	1
With pellagra	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	60	88	148	—	4	4	—	2	2	5	8	13	3	8	11
Manic-depressive	732	1,143	1,875	16	23	39	8	15	23	80	137	217	57	84	141
Involution melancholia	137	295	432	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	5,673	5,678	11,351	197	144	341	40	34	74	1,858	1,108	2,966	612	365	977
Paranoia or paranoid conditions	197	363	560	—	—	—	—	—	—	9	8	17	—	—	—
Epileptic psychoses	525	560	1,085	109	116	225	30	39	69	133	150	283	97	88	185
Psychoneuroses and neuroses	48	83	131	2	7	9	1	5	6	8	14	22	9	13	22
With psychopathic personality	103	81	184	8	3	11	4	2	6	22	18	40	10	12	22
With mental deficiency	856	796	1,652	89	78	167	23	19	42	279	201	480	137	113	250
Undiagnosed psychoses	19	9	28	1	1	2	—	—	1	—	2	2	1	1	2
Without psychoses:															
No associated condition	20	6	26	2	—	2	1	—	1	4	—	4	4	—	4
Epilepsy	31	48	79	13	22	35	11	11	22	12	14	26	11	9	20
Alcoholism	13	2	15	—	—	—	—	—	—	3	—	3	3	—	3
Drug addiction	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	11	3	14	1	1	2	—	—	1	3	1	4	4	1	5
Mental deficiency	101	68	169	17	10	27	2	2	4	31	22	53	13	10	23
Other conditions	6	4	10	2	—	2	2	—	2	1	—	1	1	—	1
Epilepsy with mental deficiency	339	287	626	252	180	432	181	132	313	48	54	102	71	57	128
Hysteria with mental deficiency	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Total	11,370	10,867	22,237	740	602	1,342	317	272	589	2,586	1,781	4,367	1,097	793	1,890

TABLE 165. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex. — Continued.

PSYCHOSES	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6	1	7	6	—	6	17	1	18	13	2	15	13	2	15	15	1	16
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5	14
With cerebral arteriosclerosis .	—	—	—	—	—	—	5	12	18	—	1	1	16	35	161	49	62	111
General paralysis	159	45	204	114	30	144	181	43	224	183	45	228	99	130	34	128	34	162
With cerebral syphilis	23	4	27	19	1	20	19	11	30	20	3	23	26	31	39	25	15	40
With Huntington's chorea . . .	2	—	2	3	3	—	4	2	6	3	1	4	1	1	3	1	4	5
With brain tumor	1	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	22	21	43	19	19	38	36	18	54	29	16	45	20	19	39	30	24	54
Alcoholic	249	31	280	95	9	104	372	70	442	217	28	245	297	65	362	319	66	385
Due to drugs and other exogenous toxins	5	1	6	2	1	3	2	7	9	3	5	8	2	4	6	4	6	10
With pellagra	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With other somatic diseases . .	12	20	32	10	16	26	18	24	42	16	22	38	12	25	37	16	29	45
Manic-depressive	151	270	421	105	192	297	180	328	508	164	261	425	190	248	438	192	265	457
Involution melancholia	3	12	15	2	7	9	26	100	126	13	49	62	60	146	206	54	118	170
Dementia praecox	2,157	1,822	3,979	1,569	1,060	2,629	1,039	1,550	2,589	1,638	1,453	3,091	353	817	1,170	1,105	1,433	2,538
Paranoia or paranoid conditions	40	41	81	23	22	45	64	129	193	45	78	123	58	129	187	62	101	163
Epileptic psychoses	125	127	252	140	122	262	92	94	186	113	133	246	44	46	90	86	90	176
Psychoneuroses and neuroses .	15	25	40	12	16	28	10	18	28	11	24	35	11	21	22	9	12	21
With psychopathic personality	41	23	64	36	17	53	17	14	31	18	19	37	12	15	27	21	10	31
With mental deficiency	225	240	465	207	182	389	159	165	324	222	218	440	165	89	169	168	153	321
Undiagnosed psychoses	4	2	6	4	3	7	6	1	7	6	1	7	5	2	7	5	2	7
Without psychoses:																		
No associated condition	4	1	5	3	1	4	4	3	7	4	2	6	3	1	4	3	2	5
Epilepsy	4	6	10	8	10	18	—	2	2	2	7	7	1	1	2	1	7	8
Alcoholism	4	1	5	4	1	5	3	1	4	3	1	4	2	—	2	2	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality . . .	4	—	4	3	—	3	2	—	—	3	—	3	—	1	1	—	—	—
Mental deficiency	21	19	40	25	22	47	15	10	25	25	17	42	13	4	17	21	7	28
Other conditions	2	—	2	2	—	2	1	2	3	1	2	3	—	—	—	—	—	—
Epilepsy with mental deficiency with mental de-	15	37	52	42	58	100	12	13	25	23	27	50	11	2	13	13	11	24
hysteria with mental de-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	1	—	—	1	—	1	—	1	1	2	—	—	—	—	—	—	—	—
Total	3,296	2,749	6,045	2,455	1,790	4,245	2,287	2,623	4,910	2,777	2,421	5,198	1,399	1,894	3,203	2,334	2,461	4,795

TABLE 165. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex. — Concluded.

PSYCHOSES	60-69 YEARS						70-79 YEARS						80-89 YEARS						90 YEARS AND OVER					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.
	T.			T.			T.			T.			T.			T.			T.			T.		
Traumatic	3	1	4	8	2	10	—	1	1	1	1	2	—	23	60	83	—	—	—	1	2	3	—	—
Senile	72	151	223	44	106	150	83	157	240	107	187	294	—	31	36	67	—	—	—	1	2	3	2	6
With cerebral arteriosclerosis	175	160	335	151	154	305	159	140	299	194	164	358	—	—	—	—	—	—	—	—	—	—	5	4
General paralysis	23	4	27	43	19	62	1	—	1	5	1	6	—	—	—	—	—	—	—	—	—	—	—	9
With cerebral syphilis	7	4	11	15	11	26	2	—	2	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	2	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	10	6	16	12	9	21	1	1	2	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	115	24	139	318	68	380	16	7	23	114	27	141	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	1	1	1	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	9	6	15	8	10	18	2	1	3	5	1	6	—	2	—	2	—	—	—	—	—	—	—	—
Manic-depressive	103	116	219	141	221	362	11	21	32	58	90	148	—	1	—	1	—	—	—	—	—	—	—	—
Involution melancholia	45	36	81	52	90	142	3	1	4	14	31	45	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	66	216	282	507	920	1,427	3	21	24	183	356	539	—	—	—	—	—	—	—	—	—	—	5	5
Paranoia or paranoid conditions	21	48	69	39	104	143	5	7	12	25	48	73	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	22	24	46	45	58	103	—	3	3	14	23	37	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	7	9	6	12	18	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	3	7	10	11	12	23	—	1	1	3	8	11	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	20	22	42	68	83	151	4	1	5	27	24	51	—	—	—	—	—	—	—	—	—	—	1	1
Undiagnosed psychoses	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:																								
No associated conditions	2	—	2	3	—	3	1	1	2	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholism	1	2	3	—	2	2	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	2	3	5	9	10	19	—	2	2	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy with mental deficiency	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hysteria with mental deficiency	1	—	—	6	1	7	—	—	1	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	711	840	1,551	1,495	1,897	3,392	293	368	661	766	972	1,738	57	97	154	122	244	366	1	3	4	7	17	24

TABLE 166. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1932, by Hospital and Sex.*

STATE HOSPITALS	TOTAL		UNDER 15 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Boston State	844	1,219	2,063	1	1	2	9	7	16	31	23	54	69	57	126	72	86	158
Boston Psychopathic.	44	35	79	—	—	—	4	6	10	3	7	10	3	6	9	2	5	7
Danvers	974	1,101	2,075	2	4	6	18	16	34	56	33	89	80	52	132	81	78	159
Foxborough	492	614	1,106	—	—	—	4	13	17	16	17	33	35	37	72	44	54	98
Gardner	785	542	1,327	—	—	—	—	4	4	8	6	18	27	8	35	54	25	79
Grafton	661	767	1,428	—	—	—	2	2	4	8	10	18	23	17	40	27	32	59
Medfield	739	1,007	1,746	1	1	2	1	1	2	16	11	27	32	31	63	41	49	90
Metropolitan	615	913	1,528	—	—	—	6	—	6	17	16	33	47	24	71	69	35	104
Northampton	760	779	1,539	—	—	—	13	9	23	49	34	83	64	48	112	69	73	142
Taunton	768	779	1,547	—	—	—	2	10	16	22	26	48	42	30	81	48	52	100
Westborough	617	832	1,449	1	3	7	8	8	23	36	27	63	46	29	75	45	47	92
Worcester	1,056	1,080	2,136	4	3	7	11	6	17	42	29	71	68	41	109	82	87	169
Monson.	671	725	1,396	135	97	232	86	79	165	80	69	149	75	67	142	72	80	152
McLean	78	118	196	—	—	—	1	1	1	1	6	7	2	4	6	6	10	16
Bridgewater	944	—	944	—	—	—	—	—	—	1	17	—	51	—	51	75	—	75
Tewksbury	137	520	657	—	—	—	—	1	1	2	9	11	5	10	15	2	22	24
U. S. Veterans' No. 107	638	—	638	—	—	—	—	—	—	1	—	—	7	—	7	127	—	127
U. S. Veterans' No. 95	547	—	547	—	—	—	—	—	—	1	—	—	12	—	12	89	—	89
Total	11,370	10,867	22,237	145	109	254	172	163	335	409	323	732	688	470	1,158	1,005	735	1,740

TABLE 166. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1932, by Hospital and Sex.* — Continued.

STATE HOSPITALS	35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	76	100	176	83	114	197	102	131	233	94	154	248	95	143	238	74	133	207
Boston Psychopathic	8	3	11	7	3	10	5	4	9	3	3	3	6	1	7	2	—	2
Danvers	98	129	227	106	135	241	118	109	227	98	108	206	102	138	247	71	96	167
Foxborough	50	26	76	51	91	141	60	62	122	65	68	133	42	53	95	38	52	90
Gardner	76	51	127	116	76	192	128	98	226	119	94	213	103	70	173	61	49	110
Grafton	66	57	123	92	76	168	95	83	178	93	92	185	66	101	167	68	102	170
Medfield	49	89	138	68	100	168	92	114	206	101	107	208	97	125	222	78	128	206
Metropolitan	74	82	156	86	99	185	108	110	218	88	103	191	73	85	158	37	45	82
Northampton	67	87	154	85	93	178	73	112	185	89	108	197	68	96	164	60	79	139
Taunton	61	61	122	72	80	152	96	86	182	99	83	182	83	77	160	70	78	148
Westborough	40	72	112	65	76	141	58	86	144	76	93	169	68	87	155	51	91	142
Worcester	83	102	185	110	133	243	147	126	273	123	95	218	101	139	240	86	103	189
Monson	58	79	137	51	51	89	39	70	109	30	50	80	24	29	53	13	25	38
McLean	7	7	14	3	5	20	3	8	11	8	16	24	11	4	15	9	17	26
Bridgewater	115	—	115	116	—	116	118	—	118	129	—	129	112	—	112	84	—	84
Tewksbury	19	40	49	13	44	57	19	66	85	18	67	85	15	75	90	18	63	81
U. S. Veterans' No. 107	260	—	260	179	43	43	43	—	43	11	17	11	11	—	11	4	—	4
U. S. Veterans' No. 95	253	—	253	143	—	143	29	—	29	13	—	13	7	—	7	1	—	1
Total	1,450	1,055	2,505	1,444	1,156	2,600	1,333	1,265	2,598	1,257	1,238	2,495	1,077	1,223	2,300	826	1,061	1,887

TABLE 167. — *Average Present Age of Patients in Residence September 30, 1932, by Age at Admission and Sex.*

	AGE AT ADMISSION				TOTAL			AVERAGE PRESENT AGE			
					M.	F.	T.	M.	F.	T.	
Under 15 years	272	227	499	18.3	18.8	18.5	
15-19 years	468	375	843	26.6	26.8	26.7	
20-24 years	1,073	715	1,788	33.7	31.8	32.9	
25-29 years	1,513	1,066	2,579	38.4	38.0	38.2	
30-34 years	1,707	1,293	3,000	42.6	43.0	42.8	
35-39 years	1,589	1,456	3,045	46.6	47.5	47.0	
40-44 years	1,289	1,379	2,668	50.2	51.8	51.0	
45-49 years	998	1,244	2,242	54.7	56.1	55.5	
50-54 years	789	1,068	1,857	58.0	59.6	58.9	
55-59 years	610	736	1,346	62.0	63.5	62.8	
60-64 years	416	492	908	66.7	67.9	67.3	
65-69 years	295	348	643	70.6	71.8	71.3	
70-74 years	185	225	410	78.8	79.5	79.2	
75-79 years	108	143	251	74.4	73.7	75.1	
80-84 years	43	77	120	84.3	84.2	84.2	
85-89 years	14	20	34	89.0	88.6	88.7	
90 years and over	1	3	4	93.0	93.0	93.0	
Total	11,370	10,867	22,237	47.2	50.5	48.8	

TABLE 168. — Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex. — Continued.

PSYCHOSES	2 YEARS			3 YEARS			4 YEARS			5-9 YEARS			10-14 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6	—	6	4	—	4	2	1	3	6	—	9	7	—	7
Senile	30	42	72	14	43	57	21	40	61	31	77	108	13	31	44
With cerebral arteriosclerosis	47	57	104	32	31	63	16	28	44	61	69	130	17	13	30
General paralysis	65	17	82	52	10	62	33	11	44	88	24	112	19	10	29
With cerebral syphilis	11	5	16	3	2	5	7	1	8	18	9	27	6	4	10
With Huntington's chorea.	2	3	5	4	—	4	2	1	3	—	1	—	2	—	2
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	20	11	31	13	8	21	10	10	20	35	12	47	—	1	1
Alcoholic	76	12	88	73	12	85	54	13	67	177	30	207	119	33	152
Due to drugs and other exogenous toxins	—	1	1	—	1	—	1	—	1	1	2	3	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	4	12	16	4	6	10	3	7	10	11	19	30	3	3	6
Manic-depressive	69	91	160	54	73	127	45	82	121	121	214	335	45	100	145
Involution melancholia	16	31	47	14	23	37	4	23	27	22	57	79	7	29	36
Dementia praecox	375	295	670	257	260	517	281	240	521	1,142	1,182	2,324	759	912	1,671
Paranoia or paranoid conditions	11	28	39	10	27	37	13	23	36	36	85	121	24	46	70
Epileptic psychoses	35	28	63	38	25	63	33	38	71	136	118	254	105	105	210
Psychoneuroses and neuroses	5	10	15	3	3	6	3	3	3	8	22	30	2	2	4
With psychopathic personality	9	6	15	4	6	10	5	6	11	34	27	61	15	8	23
With mental deficiency	59	61	120	42	49	91	35	42	77	162	140	302	120	120	240
Undiagnosed psychoses	3	—	3	1	—	1	2	—	2	2	—	—	—	—	—
Without psychoses	57	48	105	23	31	54	26	30	56	125	80	205	39	45	84
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	900	758	1,658	645	610	1,255	594	599	1,193	2,217	2,173	4,390	1,311	1,471	2,782

TABLE 169. — Duration of Present Hospital Admission of ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.

PSYCHOSES	TOTAL			LESS THAN 1 MONTH			1-2 MONTHS			3-6 MONTHS			7-11 MONTHS			1 YEAR			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	21	6	27	3	—	3	1	2	—	—	—	—	—	—	—	—	3	—	3
Senile	165	319	484	7	7	14	10	16	26	21	27	48	12	18	30	1	22	64	86
With cerebral arteriosclerosis	332	330	662	20	19	39	31	21	52	56	39	95	26	31	57	31	77	70	147
General paralysis	208	75	283	10	2	12	18	5	23	21	5	26	19	9	28	9	26	8	34
With cerebral syphilis	29	16	45	2	2	4	—	—	—	3	3	3	3	—	3	—	4	—	4
With Huntington's chorea	8	4	12	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
With brain tumor	2	1	3	—	—	—	3	2	5	3	5	8	1	—	1	—	1	—	1
With other brain or nervous diseases	60	48	108	5	4	9	13	2	15	24	1	25	26	8	34	5	6	12	12
Alcoholic	497	74	571	13	2	15	2	2	15	2	1	2	2	3	—	—	47	6	51
Due to drugs and other exogenous toxins	2	3	5	1	—	1	—	—	2	1	2	3	—	—	—	—	—	—	—
With pellagra	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
With other somatic diseases	33	48	81	2	6	8	3	4	7	3	3	6	6	7	13	1	5	1	6
Manic-depressive	190	315	505	11	18	29	16	18	34	23	29	52	20	19	39	20	19	26	45
Involution melancholia	87	166	253	3	2	5	6	8	14	5	14	19	6	9	15	20	25	45	45
Dementia praecox	1,707	1,598	3,305	23	31	54	33	31	64	44	58	102	62	46	108	122	111	233	233
Paranoia or paranoid conditions	71	127	198	4	2	6	3	3	6	3	6	10	5	4	9	10	14	24	24
Epileptic psychoses	197	235	432	5	2	7	10	8	18	8	5	9	17	5	11	16	11	16	27
Psychoneuroses and neuroses	17	30	47	3	3	6	1	5	6	2	3	5	3	2	5	2	2	2	2
With psychopathic personality	34	35	69	—	2	2	10	7	17	8	2	9	9	11	20	1	2	3	3
With mental deficiency	298	262	560	1	5	6	1	1	2	2	2	2	2	1	1	26	30	56	—
Undiagnosed psychoses	4	8	12	2	3	5	1	1	2	2	2	2	2	1	1	—	—	—	—
Without psychoses	306	246	552	25	8	33	10	5	15	21	16	37	20	15	35	44	26	70	—
Diagnosis deferred	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—
Total	4,271	3,953	8,224	141	118	259	170	140	310	250	228	478	226	196	422	444	406	850	850

TABLE 169. — *Duration of Present Hospital Admission of ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.* — Continued.

	2 YEARS		3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES												
Traumatic	1	—	1	2	—	2	3	3	5	—	—	—
Senile	28	36	64	14	37	51	16	27	43	6	—	—
With cerebral arteriosclerosis	35	45	80	22	24	46	11	20	31	10	22	32
General paralysis	33	10	43	25	5	30	7	5	12	11	7	18
With cerebral syphilis	5	2	7	—	—	—	2	—	—	6	2	8
With Huntington's chorea	2	2	4	2	—	2	2	7	6	1	2	3
With brain tumor	—	—	—	—	—	—	—	—	—	2	—	2
With other brain or nervous diseases	6	7	13	8	4	12	4	7	11	—	1	1
Alcoholic	28	6	34	49	4	53	23	2	25	15	6	5
Due to drugs and other exogenous toxins	—	—	—	—	1	1	—	—	—	2	2	4
With pellagra	—	—	—	—	—	—	—	—	—	1	1	1
With other somatic diseases	4	4	8	2	6	8	2	4	6	4	9	13
Manic-depressive	11	20	31	17	16	33	17	27	44	28	61	89
Involution melancholia	75	115	194	74	97	171	3	9	12	10	31	41
Dementia praecox	4	9	13	4	9	13	79	83	162	338	389	727
Paranoia or paranoid conditions	16	11	30	19	14	33	5	7	12	246	220	466
Epileptic psychoses	2	1	3	2	1	3	16	12	28	52	8	11
Psychoneuroses and neuroses	—	—	—	—	—	—	38	41	79	43	37	80
With psychopathic personality	25	30	55	17	21	38	3	6	9	2	1	2
With mental deficiency	—	—	—	—	—	—	63	49	112	11	5	16
Undiagnosed psychoses	—	—	—	—	—	—	1	—	—	49	32	81
Without psychoses	33	22	55	12	23	35	—	—	—	1	1	1
Diagnosis deferred	—	—	—	—	—	—	17	11	28	18	27	45
Total	324	348	672	284	277	561	216	235	451	795	840	1,635
							486	425	911	355	304	659

TABLE 170. — *Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.*

PSYCHOSES	TOTAL		LESS THAN 1 MONTH		1-2 MONTHS		3-6 MONTHS		7-11 MONTHS		1 YEAR			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	27	1	1	—	1	2	2	1	—	3	—	5	—	5
Senile	31	88	—	2	2	—	7	8	4	1	3	8	15	23
With cerebral arteriosclerosis.	109	112	7	4	11	8	15	22	5	10	19	27	23	50
General paralysis	273	57	7	3	10	16	1	17	29	7	27	46	5	51
With cerebral syphilis	54	18	1	—	1	3	1	4	8	4	2	10	1	11
With Huntington's chorea	2	5	—	—	—	—	1	1	1	—	—	—	1	1
With Huntingdon's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	80	46	2	2	4	1	4	5	2	7	2	18	8	26
Alcoholic	587	132	13	1	14	25	3	28	23	30	9	95	16	111
Due to drugs and other exogenous toxins	8	16	1	1	1	1	1	2	1	—	—	2	4	—
With pellagra	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	27	40	1	1	2	1	2	3	3	5	2	3	7	10
Manic-depressive	542	828	17	26	43	34	42	76	57	65	122	101	118	219
Involution melancholia	50	129	—	1	1	3	6	9	5	7	12	16	15	31
Dementia praecox	3,966	4,080	44	33	77	82	67	149	139	108	247	626	615	1,241
Paranoia or paranoid conditions	126	236	2	4	6	3	6	9	11	15	26	27	42	69
Epileptic psychoses	328	325	4	3	7	2	3	5	17	9	8	21	18	39
Psychoneuroses and neuroses	31	53	4	3	8	2	3	5	2	6	8	9	9	18
With psychopathic personality	69	46	—	1	1	1	2	3	4	5	3	12	9	21
With mental deficiency	558	534	4	5	9	19	25	44	28	20	48	119	104	223
Undiagnosed psychoses	15	1	1	1	2	2	2	2	3	—	3	3	—	3
Without psychoses	216	174	6	4	10	4	10	14	6	11	17	29	16	45
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	7,099	6,914	114	96	210	210	191	401	335	273	608	1,177	1,024	2,201

TABLE 170. — *Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex. — Continued.*

	2 YEARS		3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
PSYCHOSES										
Traumatic	5	—	2	—	—	—	3	—	2	—
Senile	2	6	—	6	5	13	7	18	3	9
With cerebral arteriosclerosis	12	24	10	7	5	8	20	19	6	6
General paralysis	32	7	27	5	26	6	51	8	13	8
With cerebral syphilis	6	3	1	2	5	1	11	3	5	2
With Huntington's chorea	—	1	2	—	—	—	—	1	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	14	4	5	1	6	3	20	6	5	6
Alcoholic	48	6	24	8	31	11	87	15	68	23
Due to drugs and other exogenous toxins	—	1	—	—	—	—	1	—	—	—
With pellagra	—	—	—	—	—	—	—	1	—	—
With other somatic diseases	—	8	2	—	1	3	7	10	1	1
Manic-depressive	58	71	37	57	28	55	93	153	34	72
Involution melancholia	5	11	3	9	1	15	12	26	—	14
Dementia praecox	296	180	183	163	202	157	804	793	513	692
Paranoia or paranoid conditions	7	19	26	6	8	16	19	50	16	35
Epileptic psychoses	19	14	33	19	17	26	98	77	62	68
Psychoneuroses and neuroses	3	5	1	2	3	2	5	16	1	1
With psychopathic personality	8	5	2	5	4	3	25	14	4	3
With mental deficiency	34	31	25	28	26	27	99	91	71	88
Undiagnosed psychoses	3	—	1	—	—	—	1	—	—	—
Without psychoses	24	26	11	8	9	19	59	32	21	18
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—
Total	576	410	361	333	378	364	1,422	1,333	825	1,046
	986	694	694	694	742	742	2,755	2,755	1,871	1,871

TABLE 170. — *Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1932, by Psychoses and Sex.* — Concluded.

	15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES												
Traumatic	3	1	4	—	—	—	—	—	—	—	—	—
Senile	—	4	4	—	1	1	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	6	1	7	—	2	2	—	—	—	—	—	—
With cerebral syphilis	—	2	2	—	—	—	—	1	1	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	2	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	72	24	96	37	11	48	21	4	25	3	5	5
Alcoholic	2	—	2	—	2	2	—	—	—	—	—	—
Due to drugs and other exogenous toxins	1	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	23	53	76	12	33	45	1	13	20	1	—	—
Manic-depressive	—	12	12	1	4	5	—	1	—	—	—	—
Involution melancholia	368	540	908	248	271	519	212	189	401	77	81	158
Dementia praecox	6	9	15	6	7	13	4	6	10	—	1	1
Paranoia or paranoid conditions	32	58	90	28	23	51	6	11	17	4	3	7
Epileptic psychoses	—	2	2	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	2	1	3	1	—	1	—	1	—	—	—	1
With mental deficiency	55	60	115	22	17	39	18	17	35	6	5	11
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	8	4	12
Without psychoses	17	10	27	12	10	22	5	2	7	1	1	1
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	587	780	1,367	368	381	749	276	244	520	78	70	148
							92	100	192	33	17	50

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1932, by Sex.*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>							
Barnstable	15	17	32	Gay Head	2	—	2
Bourne	7	5	12	Gosnold	2	—	2
Brewster	2	1	3	Oak Bluffs	6	7	13
Chatham	11	4	15	Tisbury	1	2	3
Dennis	6	8	14	West Tisbury	1	1	2
Eastham	1	1	2				
Falmouth	8	16	24	Total	16	14	30
Harwich	11	10	21				
Mashpee	2	—	2	<i>Essex</i>			
Orleans	5	1	6	Amesbury	28	26	54
Provincetown	5	8	13	Andover	21	33	54
Sandwich	3	3	6	Beverly	43	51	94
Truro	—	2	2	Boxford	5	—	5
Wellfleet	1	3	4	Danvers	35	25	60
Yarmouth	3	3	6	Essex	2	5	7
Total	80	82	162	Georgetown	12	12	24
<i>Berkshire</i>				Gloucester	68	68	136
Adams	39	43	82	Groveland	5	5	10
Becket	—	1	1	Hamilton	2	5	7
Cheshire	8	2	10	Haverhill	134	119	253
Clarksburg	1	1	2	Ipswich	13	18	31
Dalton	11	11	22	Lawrence	273	234	507
Egremont	—	3	3	Lynn	301	271	572
Florida	1	—	1	Lynnfield	1	1	2
Great Barrington	6	13	19	Manchester	3	5	8
Hancock	1	1	2	Marblehead	13	22	35
Hinsdale	3	—	3	Merrimac	4	5	9
Lanesborough	2	4	6	Methuen	28	34	62
Lee	17	9	26	Middleton	3	5	8
Lenox	10	11	21	Nahant	3	5	8
Monterey	1	1	2	Newbury	3	7	10
Mount Washington	—	1	1	Newburyport	63	35	98
New Marlborough	2	3	5	North Andover	12	12	24
North Adams	68	68	136	Peabody	73	44	117
Otis	1	2	3	Rockport	9	14	23
Peru	—	1	1	Rowley	7	1	8
Pittsfield	123	115	238	Salem	146	120	266
Richmond	—	2	2	Salisbury	3	3	6
Sandisfield	3	1	4	Saugus	30	25	55
Savoy	1	3	4	Swampscott	12	10	22
Sheffield	7	5	12	Topsfield	2	4	6
Stockbridge	4	8	12	Wenham	2	3	5
Tyringham	1	1	2	West Newbury	2	2	4
Washington	1	—	1				
West Stockbridge	4	3	7	Total	1,361	1,229	2,590
Williamstown	7	20	27				
Windsor	2	1	3	<i>Franklin</i>			
Total	324	334	658	Ashfield	1	4	5
<i>Bristol</i>				Bernardston	2	—	2
Acushnet	5	2	7	Buckland	9	2	11
Attleboro	80	66	146	Charlemont	5	4	9
Berkley	2	2	4	Colrain	2	1	3
Dartmouth	11	11	22	Conway	5	1	6
Dighton	4	6	10	Deerfield	13	8	21
Easton	9	13	22	Erving	1	1	2
Fairhaven	18	21	39	Gill	1	1	2
Fall River	292	329	621	Greenfield	46	25	71
Freetown	2	2	4	Hawley	—	2	2
Mansfield	15	28	43	Heath	2	1	3
New Bedford	285	270	555	Leverett	1	1	2
North Attleborough	24	21	45	Leydon	4	1	5
Norton	8	7	15	Montague	24	20	44
Raynham	2	4	6	New Salem	1	—	1
Rehoboth	5	1	6	Northfield	6	6	12
Seekonk	8	10	18	Orange	12	19	31
Somerset	5	8	13	Rowe	2	—	2
Swansea	6	3	9	Shelbourne	8	12	20
Taunton	90	101	191	Sunderland	2	—	2
Westport	9	8	17	Wendell	3	1	4
Total	880	913	1,793	Whately	3	2	5
<i>Dukes</i>				Total	153	112	265
Chilmark	2	—	2				
Edgartown	2	4	6	<i>Hampden</i>			
				Agawam	13	13	26
				Blanford	2	3	5
				Brimfield	4	1	5
				Chester	4	7	11
				Chicopee	117	94	211

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1932, by Sex.* — Continued.

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
East Longmeadow . . .	3	4	7	Pepperell . . .	6	4	10
Granville . . .	4	1	5	Reading . . .	17	13	30
Hampden . . .	3	4	7	Sherborn . . .	1	6	7
Holyoke . . .	197	196	393	Stirley . . .	7	1	8
Longmeadow . . .	8	9	17	Somerville . . .	213	261	474
Ludlow . . .	11	13	24	Stoneham . . .	13	22	35
Monson . . .	11	14	25	Stow . . .	1	—	1
Montgomery . . .	1	—	1	Sudbury . . .	3	1	4
Palmer . . .	30	23	53	Tewksbury . . .	13	19	32
Russell . . .	2	2	4	Townsend . . .	9	2	11
Southwick . . .	2	6	8	Tyngsborough . . .	4	4	8
Springfield . . .	417	460	877	Wakefield . . .	23	30	53
Wales . . .	1	3	4	Waltham . . .	93	139	232
Westfield . . .	62	67	129	Watertown . . .	50	54	104
West Springfield . . .	21	30	51	Wayland . . .	3	6	9
Wilbraham . . .	5	5	10	Westford . . .	4	7	11
Total . . .	918	955	1,873	Weston . . .	4	5	9
<i>Hampshire</i>				Wilmington . . .	5	8	13
Amherst . . .	15	24	39	Winchester . . .	14	21	35
Belchertown . . .	8	9	17	Woburn . . .	56	45	101
Chesterfield . . .	3	—	3	Total . . .	2,111	2,311	4,422
Cummington . . .	3	3	6	<i>Nantucket</i>			
Easthampton . . .	37	41	78	Nantucket . . .	7	6	13
Enfield . . .	2	—	2	Total . . .	7	6	13
Goshen . . .	1	1	2	<i>Norfolk</i>			
Granby . . .	3	1	4	Avon . . .	5	9	14
Greenwich . . .	2	—	2	Bellingham . . .	5	1	6
Hadley . . .	14	6	20	Braintree . . .	25	41	66
Hatfield . . .	1	6	7	Brookline . . .	77	109	186
Huntington . . .	1	4	5	Canton . . .	20	15	35
Middlefield . . .	1	—	1	Cohasset . . .	5	5	10
Northampton . . .	85	77	162	Dedham . . .	40	38	78
Pelham . . .	1	2	3	Dover . . .	2	—	2
Plainfield . . .	1	—	1	Foxborough . . .	28	11	39
Prescott . . .	—	1	1	Franklin . . .	16	24	40
Southampton . . .	1	5	6	Holbrook . . .	4	7	11
South Hadley . . .	22	23	45	Hyde Park . . .	15	25	40
Ware . . .	26	18	44	Medfield . . .	2	8	10
Westhampton . . .	1	1	2	Medway . . .	11	8	19
Williamsburg . . .	5	7	12	Millis . . .	7	1	8
Worthington . . .	2	1	3	Milton . . .	21	27	48
Total . . .	235	230	465	Needham . . .	24	29	53
<i>Middlesex</i>				Norfolk . . .	3	8	11
Acton . . .	6	8	14	Norwood . . .	28	25	53
Arlington . . .	64	79	143	Plainville . . .	4	1	5
Ashby . . .	2	2	4	Quincy . . .	121	133	254
Ashland . . .	5	8	13	Randolph . . .	25	13	38
Ayer . . .	6	10	16	Sharon . . .	5	5	10
Bedford . . .	4	6	10	Stoughton . . .	19	25	44
Belmont . . .	42	54	96	Walpole . . .	22	20	42
Billerica . . .	9	7	16	Wellesley . . .	17	20	37
Boxborough . . .	1	—	1	Westwood . . .	2	5	7
Burlington . . .	1	1	2	Weymouth . . .	39	43	82
Cambridge . . .	408	372	780	Wrentham . . .	11	21	32
Carlisle . . .	2	—	2	Total . . .	603	677	1,280
Chelmsford . . .	17	15	32	<i>Plymouth</i>			
Concord . . .	16	15	31	Abington . . .	11	11	22
Dracut . . .	15	18	33	Bridgewater . . .	50	30	80
Dunstable . . .	1	—	1	Brockton . . .	220	168	388
Everett . . .	91	89	180	Carver . . .	9	3	12
Frammingham . . .	54	67	121	Duxbury . . .	3	7	10
Groton . . .	4	8	12	East Bridgewater . . .	5	6	11
Holliston . . .	8	9	17	Halifax . . .	1	3	4
Hopkinton . . .	8	8	16	Hanover . . .	9	8	17
Hudson . . .	17	19	36	Hanson . . .	5	5	10
Lexington . . .	19	10	29	Hingham . . .	13	16	29
Lincoln . . .	3	1	4	Hull . . .	5	4	9
Littleton . . .	5	6	11	Kingston . . .	3	2	5
Lowell . . .	310	323	633	Lakeville . . .	2	1	3
Malden . . .	130	158	288	Marion . . .	4	5	9
Marlborough . . .	44	44	88	Marshfield . . .	6	2	8
Maynard . . .	30	10	40	Mattapoisett . . .	5	3	8
Medford . . .	92	94	186	Middleborough . . .	24	22	46
Melrose . . .	29	48	77	Norwell . . .	3	4	7
Natick . . .	22	33	55	Pembroke . . .	8	2	10
Newton . . .	103	135	238				
North Reading . . .	4	6	10				

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1932, by Sex.* — Concluded.

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Plymouth	39	38	77	Leominster	45	45	90
Plympton	1	2	3	Lunenburg	3	3	6
Rochester	3	3	6	Mendon	—	4	4
Rockland	21	28	49	Milford	40	34	74
Scituate	4	7	11	Millbury	18	10	28
Wareham	15	8	23	Millville	6	4	10
West Bridgewater	5	1	6	New Braintree	—	2	2
Whitman	17	16	33	Northborough	7	9	16
Total	491	405	896	Northbridge	24	15	39
<i>Suffolk</i>				North Brookfield	10	6	16
Boston	2,928	3,234	6,162	Oakham	3	1	4
Chelsea	125	102	227	Oxford	9	6	15
Revere	63	58	121	Paxton	3	1	4
Winthrop	30	34	64	Petersham	1	3	4
Total	3,146	3,428	6,574	Phillipston	1	1	2
<i>Worcester</i>				Royalston	1	4	5
Ashburnham	4	14	18	Rutland	4	2	6
Athol	22	27	49	Shrewsbury	11	9	20
Auburn	4	12	16	Southborough	8	4	12
Barre	8	4	12	Southbridge	37	27	64
Berlin	—	3	3	Spencer	19	14	33
Blackstone	18	13	31	Sterling	1	3	3
Bolton	5	6	11	Sturbridge	—	2	3
Boylston	1	4	5	Sutton	7	5	12
Brookfield	7	6	13	Templeton	22	23	45
Charlton	11	6	17	Upton	1	5	6
Clinton	29	44	73	Uxbridge	16	11	27
Dana	3	4	7	Warren	7	8	15
Douglas	9	3	12	Webster	43	21	64
Dudley	7	9	16	Westborough	18	19	37
East Brookfield	3	1	4	West Boylston	5	2	7
Fitchburg	137	109	246	West Brookfield	1	4	5
Gardner	50	61	111	Westminster	4	5	9
Grafton	9	10	19	Winchendon	18	11	29
Hardwick	9	8	17	Worcester	610	569	1,179
Harvard	4	3	7	Total	1,366	1,278	2,644
Holden	7	6	13	Non-residents	548	93	641
Hopedale	3	8	11	Unknown	196	8	204
Hubbardston	3	1	4	Total	744	101	845
Lancaster	4	8	12	Grand Total	12,435	12,075	24,510
Leicester	6	16	22				

TABLE 172. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year ended September 30, 1932.* ¹

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1931.	2,326	2,489	4,815	541	706	1,247	1,097	701	1,798	688	1,082	1,770
<i>Cases Admitted during Year.</i>												
Regular Commitment Cases admitted during year:												
First Admissions	71	127	198	14	77	91	40	18	58	17	32	49
Readmissions	5	4	9	—	1	1	2	1	3	3	2	5
Total Admissions	76	131	207	14	78	92	42	19	61	20	34	54
Voluntary Admission Cases admitted during year:												
First Admissions	83	63	146	9	12	21	33	13	46	41	38	79
Readmissions	7	7	14	2	4	6	2	—	2	3	3	6
Total Admissions	90	70	160	11	16	27	35	13	48	44	41	85
Observation Admission Cases admitted during year:												
First Admissions	—	2	2	—	—	—	—	—	—	—	2	2
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total Admissions	—	2	2	—	—	—	—	—	—	—	2	2
Total cases admitted by transfer during year	—	5	5	—	1	1	—	1	1	—	3	3
Total cases admitted during year	166	208	374	25	93	120	77	33	110	64	80	144
Total cases under treatment during year	2,492	2,697	5,189	566	801	1,367	1,174	734	1,908	752	1,162	1,914
<i>Cases Discharged during Year</i>												
Regular Commitment Cases discharged during year:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	45	21	66	10	5	15	33	6	39	2	10	12
As unimproved (excluding transfers)	17	17	34	2	3	5	14	6	20	1	8	9
As not mentally defective	—	—	—	—	—	—	—	—	—	—	—	—
Died	8	21	29	—	5	5	4	5	9	4	11	15
Total Discharges	70	59	129	12	13	25	51	17	68	7	29	36

TABLE 172. — *General Statistics of State Schools for the Mentally-Defective, State of Massachusetts, for the Year ended September 30, 1932.*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Voluntary Admission Cases discharged during year:												
As recovered	21	13	34	1	4	5	—	2	15	—	7	14
As improved (excluding transfers)	13	16	29	3	4	7	13	5	7	5	10	15
As unimproved (excluding transfers)	2	—	2	—	—	—	—	—	—	2	—	2
As not mentally defective	18	16	34	2	2	4	9	3	12	7	11	18
Died												
Total Discharges	54	45	99	6	10	16	27	7	34	21	28	49
Observation Cases discharged during year:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	—	—	—	—	—	—	—	—	—	—	—	—
As unimproved (excluding transfers)	—	2	2	—	—	—	—	—	—	—	2	2
As not mentally defective	—	—	—	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	—	2	2	—	—	—	—	—	—	—	2	2
Total cases discharged by transfer during year	—	2	2	—	1	1	—	1	1	—	—	—
Total cases discharged during year	124	108	232	18	24	42	78	25	103	28	59	87
Patients on books September 30, 1932.	2,368	2,589	4,957	548	777	1,325	1,096	709	1,805	724	1,103	1,827
Total number of patients actually in schools September 30, 1932	2,205	2,361	4,566	505	730	1,235	1,041	653	1,694	659	978	1,637
<i>Averages</i>												
Daily average population (including patients on escape, visit or parole)	2,348.06	2,541.58	4,889.64	548.96	748.23	1,297.19	1,104.7	707	1,811	695.10	1,086.35	1,781.45
Daily average population (excluding patients on escape, visit or parole)	2,141.66	2,311.49	4,453.15	495.45	694.77	1,190.22	1,016	651	1,667	630.21	965.72	1,595.93
Rated capacity of Schools, September 30, 1932	2,313	1,984	4,297	571	634	1,205	972	542	1,514	770	808	1,578
Number of patients on visit, September 30, 1931	75	32	107	5	4	9	52	11	63	18	17	35
Number of patients on visit, September 30, 1932	46	45	91	3	11	14	29	17	46	14	17	31

Daily average number of patients on visit during year	98.98	60.61	159.59	12.70	17.07	29.77	65	20	85	21.28	23.54	44.82
Number of patients on parole September 30, 1931	58	145	203	13	34	47	22	30	52	23	81	104
Number of patients on parole September 30, 1932	55	150	205	12	33	45	18	36	54	25	81	106
Daily average number of patients on parole during year	52.26	136.59	188.85	12.79	33.43	46.22	18	32	50	21.47	71.16	92.63
Number of patients on escape September 30, 1931	58	35	93	30	3	33	6	4	10	22	28	50
Number of patients on escape September 30, 1932	62	33	95	28	3	31	8	3	11	26	27	53
Daily average number of patients on escape during year	55.16	32.87	88.03	28.02	2.96	30.98	5	4	9	22.14	25.91	48.05
Support of patient population (exclusive of patients on escape, parole or visit):												
Supported by the State	2,114	2,266	4,380	490	708	1,198	996	608	1,604	628	950	1,578
Re-insuring and Private	91	95	186	15	22	37	45	45	90	31	28	59
Number of patients not mentally defective (I. Q. .75 and over) actually in schools September 30, 1931:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	68	81	149	26	38	64	18	11	29	24	32	56
Total	68	81	149	26	38	64	18	11	29	24	32	56
Number of patients not mentally defective (I. Q. .75 and over) actually in schools September 30, 1932:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	71	89	160	27	52	79	20	9	29	24	28	52
Total	71	89	160	27	52	79	20	9	29	24	28	52

¹In this and all following tables for forms of admission included under regular commitment, voluntary and observation, see page 198 of text.

TABLE 173. — *Ages of First Admissions to State Schools, 1932, by Naivety, Parentage, and Sex.*¹

AGE GROUPS	AGGREGATE		NATIVE BORN										FOREIGN BORN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Under 5 years.	12	11	23	12	11	23	8	9	17	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</

¹Unless otherwise stated, this and the following tables include all mental classifications: Idiot, I. Q. under 24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 or over.

TABLE 174. — *Ages of All First Admissions to State Schools, 1932, by Mental Status and Sex.*

AGE GROUPS	TOTAL — ALL SCHOOLS														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	12	11	23	7	4	11	4	5	9	1	2	3	—	—	—
5- 9 years	59	38	97	9	4	13	14	15	29	31	17	48	5	2	7
10-14 years	59	50	109	7	4	11	12	7	19	36	37	73	4	2	6
15-19 years	20	58	78	2	2	4	3	13	16	15	40	55	—	3	3
20-24 years	3	18	21	1	—	1	1	2	3	1	15	16	—	1	1
25-29 years	—	5	5	—	—	—	—	1	1	—	4	4	—	—	—
30-34 years	—	3	3	—	—	—	—	1	1	—	2	2	—	—	—
35-39 years	—	5	5	—	—	—	—	1	1	—	3	3	—	1	1
40 years and over	1	4	5	—	—	—	1	2	3	—	2	2	—	—	—
Total	154	192	346	26	14	40	35	47	82	84	122	206	9	9	18

TABLE 175. — *Environment of First Admissions to State Schools, 1932, by Mental Status and Sex.*

MENTAL STATUS	TOTAL — ALL SCHOOLS											
	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	26	14	40	26	14	40	—	—	—	—	—	—
Imbecile	35	47	82	33	44	77	2	3	5	—	—	—
Moron	84	122	206	79	114	193	5	8	13	—	—	—
Not Mentally Defective	9	9	18	8	7	15	1	2	3	—	—	—
Total	154	192	346	146	179	325	8	13	21	—	—	—

TABLE 176. — *Economic Condition of First Admissions to State Schools, 1932, by Mental Status, and Sex.*

ECONOMIC CONDITION	MENTAL STATUS—ALL SCHOOLS														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	38	106	144	8	1	9	7	21	28	20	77	97	3	7	10
Marginal	112	79	191	17	11	28	26	22	48	63	44	107	6	2	8
Comfortable	4	7	11	1	2	3	2	4	6	1	1	2	—	—	—
Total	154	192	346	26	14	40	35	47	82	84	122	206	9	9	18

TABLE 177. — *Ages of Readmissions to State Schools, 1932, by School and Sex.*¹

AGE GROUPS	TOTAL ALL SCHOOLS			BELCHERTOWN			W. E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	1	1	—	1	1	—	—	—	—	—	—
5-9 years	3	4	7	—	2	2	1	—	1	2	2	4
10-14 years	3	2	5	1	1	2	1	—	1	1	1	2
15-19 years	4	2	6	1	1	2	—	—	—	3	1	4
20-24 years	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	1	1	2	—	—	—	1	—	1	—	1	1
30 years and over	—	1	1	—	—	—	—	1	1	—	—	—
Total	11	11	22	2	5	7	3	1	4	6	5	11
Average age in yrs.	14.3	13.9	14.1	15.0	9.7	11.2	15.8	32.5	20.0	13.3	14.5	13.8

¹Includes previous admissions to Schools for Mentally Defective only. Includes mentally defective readmissions only (I. Q. .74 or less).

TABLE 178. — *Ages of All Readmissions to State Schools, 1932, by Mental Status and Sex.*

AGE GROUPS	TOTAL — ALL SCHOOLS											
	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	1	1	—	1	1	—	—	—	—	—	—
5-9 years	3	4	7	1	1	2	1	3	4	1	—	1
10-14 years	3	2	5	—	—	—	2	2	4	1	—	1
15-19 years	4	2	6	1	—	1	1	—	1	2	2	4
20-24 years	1	—	1	—	—	—	—	—	—	—	—	1
25-29 years	1	1	2	—	—	—	—	1	1	1	—	1
30 years and over	—	1	1	—	—	—	—	—	—	1	1	—
Total	12	11	23	2	2	4	4	6	10	5	3	8

TABLE 179. — *Ages of All Patients Discharged from State Schools, 1932, by Mental Status and Sex.*

AGE GROUPS	TOTAL — ALL SCHOOLS											
	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	4	4	—	3	3	—	1	1	—	—	—
5-9 years	4	10	14	1	—	1	—	6	6	1	4	5
10-14 years	11	7	18	4	2	6	3	4	7	4	1	5
15-19 years	40	10	50	1	1	2	9	3	12	29	6	35
20-24 years	25	13	38	1	2	3	3	1	4	18	6	24
25-29 years	7	8	15	—	—	—	1	1	2	6	7	13
30-34 years	4	5	9	1	—	1	1	—	1	2	4	6
35-39 years	3	9	12	—	1	1	2	4	6	1	4	5
40-44 years	1	2	3	—	—	—	1	2	3	—	—	—
45-49 years	2	1	3	1	—	1	1	—	1	—	1	1
50 years and over	1	—	1	—	—	—	—	—	—	1	—	1
Total	98	69	167	9	9	18	21	22	43	62	33	95

TABLE 180. — *Total Number of Times Out on Visit during THIS Admission of All Patients Discharged from State Schools, 1932, by School and Sex.*

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT											
	TOTAL DISCHARGED			NONE			ONE			TWO		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	16	16	32	2	10	12	4	3	7	3	1	4
Walter E. Fernald . .	65	16	81	10	4	14	6	2	8	4	1	5
Wrentham . . .	17	37	54	2	9	11	4	15	19	1	4	5
Total . . .	98	69	167	14	23	37	14	20	34	8	6	14

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT											
	FIVE			SIX			SEVEN			EIGHT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	1	-	1	-	-	-	1	-	1	1	-	1
Walter E. Fernald . .	7	-	7	6	2	8	7	1	8	1	-	1
Wrentham . . .	2	4	6	-	-	-	2	1	3	2	-	2
Total . . .	10	4	14	6	2	8	10	2	12	4	-	4

TABLE 181. — *Average Time on Books and Time Spent Out of All Patients Discharged from State Schools, 1932, by School and Sex.*

STATE SCHOOLS	Average Time on Books			Average Time Spent Out			Average Net Time in Years within Institutions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	5.24	2.88	4.06	1.15	.52	.83	4.09	2.36	3.23
Walter E. Fernald . .	8.30	11.90	9.01	1.22	1.47	1.27	7.08	10.43	7.74
Wrentham . . .	7.91	6.77	7.13	2.45	1.80	2.01	5.46	4.97	5.12
Total . . .	7.73	7.06	7.45	1.42	1.43	1.42	6.31	5.63	6.03

TABLE 183. — Causes of Death of All Patients who Died in State Schools, 1932, by Mental Status and Sex.

CAUSES OF DEATH	TOTAL — ALL SCHOOLS											
	TOTAL			IDIOT			IMBECILE			MORON		NOT MENTALLY DEFECTIVE
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>All Causes</i>												
<i>Epidemic, Endemic and Infectious Diseases:</i>												
Influenza	1	1	2	—	1	1	—	—	—	—	—	—
Tuberculosis of the respiratory system	13	13	26	8	3	11	5	6	11	—	4	4
Other forms of tuberculosis	1	1	2	1	—	1	—	—	—	—	1	1
<i>General Diseases not Included in Class I:</i>												
Cancer and other malignant tumors	—	2	2	—	—	—	—	1	1	—	—	—
Other general diseases	—	1	1	—	—	—	—	1	1	—	—	—
<i>Diseases of Nervous System and other Organs of Special Sense:</i>												
Diseases of spinal cord	2	1	3	2	1	3	—	—	—	—	—	—
Epilepsy	1	2	3	—	2	2	—	—	—	1	—	1
<i>Diseases of the Circulatory System:</i>												
Diseases of the heart	—	1	1	—	—	—	—	—	—	—	—	—
Endocarditis and myocarditis	2	6	8	1	1	2	1	1	2	—	1	4
<i>Diseases of the Respiratory System:</i>												
Bronchopneumonia	—	3	3	—	2	2	—	—	1	—	—	—
Lobar pneumonia	—	2	2	—	1	1	—	—	1	—	—	—
Pleurisy	1	—	1	1	—	1	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	1	—	1	—	—	—	1	—	1	—	—	—
<i>Diseases of the Digestive System:</i>												
Diarrhea and enteritis	1	1	2	1	1	2	—	—	—	—	—	—
Appendicitis and typhilitis	1	—	1	—	—	—	1	—	1	—	—	—
Hernia and intestinal obstruction	—	1	1	—	1	1	—	—	—	—	—	—
<i>Non-Veneral Diseases of the Genito-Urinary System and Annexa:</i>												
Chronic nephritis	1	1	2	1	—	1	—	1	1	—	—	—
<i>Diseases of the Bones and of the Organs of Locomotion:</i>												
Malformations	—	1	1	—	1	1	—	—	—	—	—	—
<i>External Causes:</i>												
Accidental traumatism	2	—	2	1	—	1	1	—	1	—	—	—
Total — All Causes	26	37	63	16	14	30	9	12	21	1	10	11

TABLE 185. — Admission Ages of All Patients Resident in State Schools for the Mentally Defective on September 30, 1932, by Nativity, Parentage and Sex.¹

AGE GROUPS	AGGREGATE			TOTAL			PARENTAGE						NATIVE BORN			FOREIGN BORN			NATIVITY UNKNOWN						
	M. F. T.			M. F. T.			NATIVE			FOREIGN			MIXED			UNKNOWN									
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.								
Under 5 years	119	79	198	119	79	198	51	43	94	28	19	47	37	17	54	3	—	3	18	6	24	—	8	5	13
5-9 years	792	464	1,256	766	453	1,219	320	164	484	215	164	379	206	117	323	25	8	33	27	6	54	—	9	2	11
10-14 years	741	654	1,395	705	635	1,330	285	227	512	201	189	390	183	180	363	36	29	65	27	27	40	—	6	1	8
15-19 years	345	561	906	326	532	858	112	190	302	94	143	237	100	158	258	20	41	61	13	19	22	—	1	1	2
20-24 years	98	285	383	93	265	360	40	94	134	26	60	86	23	78	101	6	33	39	3	11	14	—	—	2	1
25-29 years	46	132	178	43	119	162	14	45	59	9	32	41	19	33	52	1	9	10	3	11	15	—	—	1	1
30-34 years	22	85	107	19	72	91	11	31	42	3	20	23	4	16	20	1	5	6	2	10	12	—	—	1	1
35-39 years	20	55	75	18	44	62	17	18	30	3	6	9	3	15	18	—	1	5	2	4	4	—	—	—	—
40-44 years	12	26	38	12	22	34	7	11	18	2	5	7	3	5	8	—	1	1	—	2	2	—	—	—	—
45-49 years	6	9	15	6	7	13	—	4	4	2	1	3	3	2	5	—	1	1	—	1	1	—	—	—	—
50-54 years	2	7	9	2	6	8	—	2	2	2	1	1	1	—	3	—	—	—	—	2	2	—	—	—	—
55-59 years	2	3	5	2	2	5	1	2	3	2	1	1	1	—	3	—	—	—	—	—	—	—	—	—	—
60 years and over	—	1	1	—	1	1	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Total	2,205	2,361	4,566	2,113	2,228	4,341	853	832	1,685	585	641	1,226	582	624	1,206	93	131	224	69	119	188	—	23	14	37

¹The following tables include all patients irrespective of mental status.

TABLE 186. — Age at Admission and Duration of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1932, by Sex.

AGE AT ADMISSION		ALL SCHOOLS											
		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE											
		TOTAL		0-5 Months		6-11 Months		1 Year		2 Years		3 Years	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	.	119	79	198	7	6	13	16	10	26	9	8	17
5-9 years	.	792	464	1,256	41	22	63	79	62	141	63	46	109
10-14 years	.	741	654	1,395	33	25	58	51	69	120	46	60	106
15-19 years	.	345	561	906	11	25	36	36	54	90	21	58	79
20-24 years	.	98	285	383	1	13	14	4	13	17	5	21	26
25-29 years	.	46	132	178	1	5	6	1	12	13	2	4	6
30-34 years	.	22	85	107	—	—	5	2	8	10	2	5	7
35-39 years	.	20	55	75	—	2	2	2	3	3	2	2	2
40-44 years	.	12	26	38	1	3	4	—	4	4	2	—	2
45-49 years	.	6	9	15	—	—	—	—	—	—	—	—	—
50-54 years	.	2	7	9	—	—	—	—	1	1	—	—	—
55-59 years	.	2	3	5	—	—	—	—	—	—	—	—	—
60 years and over	.	—	1	1	—	—	—	—	1	1	—	—	—
Total . . . . .	.	2,205	2,361	4,566	94	101	195	189	237	426	150	204	354
					61	92	153				129	108	237
											201	106	307

TABLE 186. — Age of Admission and Duration of School Residence during THIS Admission of Patie us Reside it in State Schools on September 30, 1932, by Sex. — Concluded.

AGE AT ADMISSION		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE												ALL SCHOOLS													
		5-9 Years			10-14 Years			15-19 Years			20-24 Years					25-29 Years			30-34 Years			35-39 Years			40 Years Plus		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years		28	18	46	24	15	39	9	5	14	6	5	11	1	1	2	—	8	14	—	1	—	—	—	—		
5-9 years		232	120	352	79	70	149	78	40	118	36	26	62	25	9	34	—	6	14	4	4	4	8	11	7		
10-14 years		242	192	434	73	102	175	57	52	109	39	38	77	19	12	31	19	6	25	6	3	9	13	5			
15-19 years		110	189	299	29	47	76	22	39	61	26	39	65	13	9	22	9	10	19	6	2	8	2	4			
20-24 years		48	109	157	8	23	31	1	38	39	7	28	35	2	6	8	2	2	4	1	1	—	1	1			
25-29 years		26	62	88	6	7	13	2	12	14	2	8	10	2	3	3	1	1	1	1	—	—	—	2			
30-34 years		10	44	54	3	7	10	1	5	6	—	7	7	2	—	2	—	1	1	—	—	—	—	2			
35-39 years		12	29	41	3	5	8	1	3	4	1	1	2	—	—	—	—	1	1	—	—	—	—	—			
40-44 years		7	10	17	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
45-49 years		5	6	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
50-54 years		1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
55-59 years		1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
60 years and over		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total		722	788	1,510	226	278	504	171	196	367	117	155	272	62	40	102	37	28	65	19	9	28	27	19			
																								46			

TABLE 187. — *Mental Status of All Cases in Residence in State Schools for the Mentally Defective on September 30, 1932, by School and Sex.*

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	477	359	836	98	77	175	227	148	375	152	134	286
Imbecile	812	837	1,649	170	204	374	404	256	660	238	377	615
Moron	845	1,075	1,920	210	396	606	390	240	630	245	439	684
Not Mentally Defective	71	90	161	27	53	80	20	9	29	24	28	52
Total	2,205	2,361	4,566	505	730	1,235	1,041	653	1,694	659	978	1,637

TABLE 188. — *Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1932, by School and Sex.*

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	119	79	198	16	12	28	11	8	19	3	2	5
5-9 years	702	464	1,250	221	144	365	118	79	197	38	30	68
10-14 years	741	554	1,395	440	269	709	149	178	327	99	100	199
15-19 years	345	561	906	489	480	969	108	215	323	133	181	314
20-24 years	98	285	383	385	413	798	90	99	159	88	141	229
25-29 years	46	132	178	215	353	568	24	61	85	47	101	148
30-34 years	22	85	107	161	225	386	13	33	46	46	64	110
35-39 years	20	55	75	94	193	287	9	26	35	23	47	70
40-44 years	12	26	38	78	125	203	5	16	21	7	28	37
45-49 years	6	9	15	44	69	113	5	6	11	7	18	25
50-54 years	2	7	9	38	31	69	1	5	6	5	4	9
55-59 years	2	3	5	21	26	47	2	3	5	6	7	13
60-64 years	-	1	1	4	12	16	-	1	1	-	4	4
65-69 years	-	-	-	1	8	9	-	-	-	1	2	3
70 years and over	-	-	-	-	1	1	-	-	-	-	1	1
Total	2,205	2,361	4,566	2,205	2,361	4,566	505	730	1,235	505	730	1,235
Average Age	12.5	16.4	14.5	21.7	25.2	23.5	15.9	19.2	17.8	21.5	24.0	23.0

TABLE 188. — Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1932, by School and Sex. — Concluded.

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	34	20	54	2	—	2	74	51	125	11	10	21
5-9 years	386	154	540	58	19	77	288	231	519	125	95	220
10-14 years	408	177	585	215	66	281	184	299	483	126	103	229
15-19 years	152	134	286	232	110	342	85	212	297	124	189	313
20-24 years	26	80	106	166	109	275	12	106	118	129	163	292
25-29 years	14	39	53	97	80	177	8	32	40	71	172	243
30-34 years	8	29	37	70	59	129	1	23	24	45	102	147
35-39 years	3	12	20	59	67	126	3	17	20	12	79	91
40-44 years	3	5	8	58	57	115	4	5	9	11	40	51
45-49 years	1	2	3	34	36	70	—	1	1	3	15	18
50-54 years	1	1	2	31	22	53	—	1	1	2	5	7
55-59 years	—	—	—	15	15	30	—	—	—	—	—	4
60-64 years	—	—	—	4	7	11	—	—	—	—	1	1
65-69 years	—	—	—	—	6	6	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,041	653	1,694	1,041	653	1,694	659	978	1,637	659	978	1,637
Average Age.	12.0	15.9	13.5	23.9	29.0	25.8	10.6	14.6	13.0	18.5	23.5	21.4

TABLE 189. — *Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1932, by Intelligence Quotient and Sex.* — Concluded.

	INTELLIGENCE QUOTIENT											
	PRESENT AGE											
	I. Q. .50-.59		I. Q. .60-.69		I. Q. .70-.79		I. Q. .80-.89		I. Q. .90 and Over		Average I. Q.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	2	2	—	1	—	—	1	—	—	—	.35	.36
5-9 years	35	23	39	24	27	13	12	5	1	1	.47	.45
10-14 years	91	49	105	59	33	56	3	2	2	2	.46	.45
15-19 years	128	109	92	107	35	74	2	4	1	1	.45	.47
20-24 years	72	99	49	82	27	48	—	13	1	1	.43	.50
25-29 years	40	81	22	58	7	26	3	1	2	2	.39	.46
30-34 years	23	63	12	42	9	15	1	1	1	1	.39	.47
35-39 years	8	43	2	31	9	9	1	1	—	—	.35	.47
40-44 years	10	18	1	22	1	7	—	—	—	—	.37	.43
45-49 years	3	14	3	5	1	1	—	—	—	—	.34	.42
50-54 years	3	3	—	3	1	1	—	—	—	—	.36	.39
55-59 years	3	3	—	2	—	—	—	—	—	—	.35	.41
60-64 years	1	—	3	—	—	—	—	—	—	—	.62	.30
65-69 years	—	—	—	—	—	—	—	—	—	—	.38	.37
70 years and over	—	—	—	—	—	—	—	—	—	—	.25	.38
Total	419	507	328	436	140	182	20	35	6	5	.43	.46
					322		55		11		.45	

DIRECTORY OF INSTITUTIONS.

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS.

HOSPITALS FOR MENTAL DISEASES.

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allen W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Samuel Smith Cottrell, M.D.

Chief Medical Officer: Karl M. Bowman, M.D.

Senior Physicians: John H. Powers, M.D.; Harry C. Solomon, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Waldo W. Wynekoop, M.D.; Edgerton M. Howard, M.D.; Robert Fleming, M.D.; Hans B. Molholm, M.D.; Mary Palmer, M.D.; Charles B. Sullivan, M.D.; Herman Shlionsky, M.D.

Internes: Samuel H. Kraines, M.D.; Donald Simmons; Joseph C. Rheingold; Sarah Vance Thompson.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Elizabeth Libber Shore.

Staff Meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P.M. and 6 to 7 P.M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, Chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park; Leopold M. Goulston, Boston.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M.D.

Assistant Superintendent: Herbert E. Herrin, M.D.

Senior Physicians: Mary E. Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Gerald F. Houser, M.D.; 2 vacancies.

Assistant Physicians: Frederick LeDrew, M.D.; Winthrop B. Osgood, M.D.; Lillian D. Chapman, M.D.; Alberta S. B. Guibord, M.D.; (School Clinic); Sirkka E. Vuornos, M.D.; Luther F. Grant, M.D.; Margaret C. McManamy M.D.

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Rileigh, D.M.D.

Steward: Arthur E. Gilman.

Treasurer: Rose J. Covino.

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895):—

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Francis B. Sayre, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Joseph Lewis, M.D.

Visiting Days: For relatives or friends of patients, every day; For general public, every day with the exception of Sundays and holidays.

Staff Meetings: Daily, at 9.30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878):—

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flag, Andover; Albion L. Danforth, Winchester.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Senior Physicians: Solomon Gagnon, M.D.; Henry A. Tadgell, M.D.

Assistant Physicians: Carol Schwartz, M.D.; H. Archer Berman, M.D.; William C. Inman, M.D.; Velma H. Atkinson, M.D.; Doris M. Sidwell, M.D.

Pathologist: Charles C. Joyce, M.D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Gladys Leach.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meeting: Daily, 8:00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914):—

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton, — vacancy.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: Cornelia B. J. Schorer, M.D.; Frank O. King, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Joseph E. Wittig, M.D.; Rupert A. Chittek, M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederic A. Washburn, M.D., Boston, chairman; Mrs. Amie H. Coes, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Miss Grace Nichols, Boston; Prof. Richard T. Fisher, Weston; Fred N. Dillon, Fitchburg.

Regular Meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Henry L. Clow, M.D.

Senior Assistant Physician: Frederick P. Moore, M.D.

Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.; William A. Hunter, M.D.; Nathan C. Robey, M.D.; Leon W. Darrah, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff Meetings: Daily, 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner railroad station.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Frank B. Hall, Worcester, chairman; Flora M. Cangiano, Hingham, secretary; Ernest L. Anderson, Worcester; Winslow P. Burhow, Reading; Enos H. Bigelow, M.D., Framingham; Francis Prescott, Grafton; Rose Herbert, Worcester.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: H. L. Horsman, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.;

Max Pearlstein, M.D.; Benjamin Cohen, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad.

Correspondence relating to patients at the Grafton Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896): —

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M.D., Boston, chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Walter Channing, Dover; Mrs. Eva Watson, Boston.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: Vacancy.

Senior Physicians: George A. Troxell, M.D.; George E. Poor, M.D.; Vicente A. Navarro, M.D.

Assistant Physicians: John J. Slaterry, M.D.; William E. McLellan, M.D.; Erel L. Guidone, M.D.; Grace T. Cragg, M.D.; Marjorie K. Smith, M.D.

Dentist: Elton F. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Staff Meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930):—

Post Office: Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: None.

Superintendent: Clifford D. Moore, M.D., Acting Superintendent.

Assistant Superintendent: Clifford D. Moore, M.D.

Senior Physician: Philip F. Hilton, M.D.

Assistant Physicians: Ilse R. Lauber, M.D.; Malcolm J. Farrell, M.D.

Resident Dentist: Alfred J. Normandin, D.M.D.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff Meetings: Two or three times weekly.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square. Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Henry K. Hyde, Ware, secretary; Mrs. Elizabeth Hormel, Roxbury; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Northampton.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.; Paul I. Yakovlev, M.D.; Calvert Stein, M.D.

Assistant Physicians: Lucie G. Forror, M.D.; Isador J. Karlsberg, M.D.

Dentist: Arthur R. Adam, D.M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff Meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield; Mrs. Emily N. Newton, secretary, Wellesley Hills; Mrs. Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Acting Superintendent: Edward W. Whitney, M.D.

Senior Physicians: Albert U. Bourcier, M.D.; Elizabeth Kundert, M.D.; Harriet W. Whitney, M.D.

Assistant Physicians: Rhoda U. Musgrave, M.D.; B. Edwin Zawacki, M.D.; Kendall B. Crossfield, M.D.; Ruth M. Thompson, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven & Hartford

railroads). Taxi-cab service from the station. Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Attleboro; J. Vincent Thuot, M.D., New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger G. Osterheld, M.D.

Senior Physicians: H. Sinclair Tait, M.D.; Robert M. Bell, M.D.

Senior Physician (Pathology): Harold W. Williams, M.D.

Assistant Physicians: Charles E. White, M.D.; Olga E. Steinecke, M.D.; Bernard Yood, M.D.; Abraham Stiffle, M.D.; Harold J. Tosney, M.D.

Dentist: George A. Harris, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff Meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury: railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: G. Forrest Martin, M.D., Lowell, chairman; Mrs. Nellie E. Talbot, Brookline, secretary; Robert G. Stone, Brookline; Hon. Dennis D. Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Patrick J. Meehan, M.D., Lowell; Charles A. Cronin, Lawrence.

Regular meetings: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; James F. Lawlor, M.D.; Carl Nelson, M.D.; Eugene E. Allen, M.D.; Charles J. Carden, M.D.; Jessie W. Robertson, M.D.; Ralph Heifetz, M.D.; Dorothy Read, M.D.; Justin L. Anderson, M.D.; Hyman J. Weisman, M.D.; George J. M. Grant, M.D.; Henry Spencer Glidden, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10.00 A.M. to 4.00 P.M.

Staff Meetings: Daily at 8:00 A.M.

Location: About one-half mile from railroad and from bus line. Additional train service to Wilmington, and to Lowell, connecting with the bus line to Tewksbury.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Peatick, M.D.

Assistant Physicians: Emma H. Fay, M.D.; Fred E. Stokey, M.D.; A. Francis Davis, M.D.; Howard T. Fiedler, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff Meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford.)

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee, Worcester; Mrs. Anna C. Tatman, Worcester; George D. Morse, Worcester; Mrs. Frank Dresser, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Clifton T. Perkins, M.D.

Clinical Director: Morris Yorshis, M.D.

Assistant Physicians: Francis H. Sleeper, M.D.; Bardwell H. Flower, M.D.; Nathan Baratt, M.D.; Arthur W. Burckel, M.D.; Lonnie O. Farrar, M.D.; Milton H. Erickson, M.D.; Walter E. Barton, M.D.; W. Everett Glass, M.D.; Minna Emch, M.D.; James A. Willie, M.D.

Pathologist: None.

Dentist: John H. Hall, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays, 9-11 A.M., 1:30 to 4:30 P.M.

Staff Meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes' walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES.

BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922):—

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield and Amherst.)

Trustees: Theodore S. Bacon, M.D., Springfield, chairman; Edwin C. Gilbert, M.D., Springfield, secretary; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I. Donna, Esq., Pittsfield; Mr. James L. Harrop, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: George E. McPherson, M.D.

Assistant Superintendent: Karl V. Quinn, M.D.

Senior Physician: Charlotte A. Mitchell, M.D.; vacancy.

Assistant Physicians: John T. Shea, M.D.; R. Bernard Leclair, M.D.; Herbert L. Flynn, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: Vacancy.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A.M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the centre of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D.; president, Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russel H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Ipswich; Francis H. Dewey, Worcester; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M.D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily, at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Abraham Myerson, Brookline, chairman; Mrs. John M. Morrison, Brookline, secretary; Leo J. Halloran, Wollaston; Mrs. William A. Murray, Milford; Frank J. Nerney, Attleboro; Albert J. Sargent, Foxboro, Warren J. Swett, Canton.

Regular meetings: Second Thursday of every month.

Superintendent: C. Stanley Raymond, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.

Assistant Physician: Genevieve Gustin, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street stop, Boston & Providence bus line.

PRIVATE INSTITUTIONS.**FOR THE CARE OF MENTAL AND NERVOUS DISEASES.**

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVES' NERVINE, Fred B. Jewett, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester, Salisbury Street electric car from City Hall Square.

McLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R.R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Philips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Edwin S. Webster, Boston; Andrew J. Peters, Esq., Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston; Robert Homans, Esq., Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Phillips Ketchum, Esq., Boston; Hans Zinsser, M.D., Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston, on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Neils L. Anthonisen, M.D., in charge of Women's Dept., Jackson M. Thomas, M.D., in charge of Men's Dept.

Assistant Physician and Pathologist: Ray L. Whitney, M.D.

Director of Laboratories: John C. Whitehorn, M.D.

Assistant Physicians: Lionel M. Ives, M.D., William G. Young, M.D., John B. McKenna, M.D., Edwin M. Cole, M.D., Margaret R. Anthonisen, M.D.

Psychologists: George E. Gardner, Ph.D., Robert A. Young, Ph.D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.D.S.

Visiting Internist: Wyman Richardson, M.D.

Staff Meetings: Tuesdays and Thursdays at 11:30 A.M.

RING SANATORIUM AND HOSPITAL, INC., Arthur H. Ring, M.D., Arlington Heights. Carriage.

U. S. VETERANS' HOSPITAL No. 95, Northampton, Mass. (for beneficiaries of the U. S. Veterans' Administration, suffering from nervous or mental diseases; opened May 12, 1924):—

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D. C.

Director: Colonel George E. Ijams, Washington, D.C.

Medical Director: Charles M. Griffith, M.D.

Medical Officer in Charge: William Marshall Dobson, M.D.

Assistant Medical Officer in Charge and Clinical Director: Parker G. Borden, M.D.

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Reconstruction Officer: Parker G. Borden, M.D. (temporary).

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff Meetings: Daily, with the exception of Saturdays and Sundays. Time of meeting: 11:00 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

U. S. VETERANS' HOSPITAL, No 107, Bedford, Mass. (for beneficiaries of the U. S. Veterans' Administration, suffering from nervous or mental diseases. Opened July 17, 1928): —

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D. C.

Medical Director: Charles M. Griffith, M.D.

Medical Officer in Charge: Winthrop Adams, M.D.

Clinical Director: Walter P. Burrier, M.D.

Ward Surgeons: Arthur R. Woods, M.D.; William T. Merrill, M.D.; Julius A. Kaplan, M.D.; Cornelius J. Buckley, M.D.; George R. Gates, M.D.; Aaron H. Braverman, M.D.; Henry E. St.Antoine, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.

Chief Dental Service: Bertram H. Sawyer, (Dental Surgeon).

Consultant in Tuberculosis: Ernest D. Hatch, M.D.

Consultant in Ear, Nose and Throat: Charles D. Knowlton, M.D.

Consultant in Eye Work: Paul Chandler, M.D.

Consultant in Dermatology: C. Guy Lane, M.D.

Consultant in Surgery: Henry C. Marble, M.D.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

Staff Meetings: Daily with the exception of Saturday and Sundays.

Time of meetings: 11:00 A.M.

Location: Springs Road, Bedford, Mass. One mile in from State Highway. Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANATORIUM, INC., Harry O. Spaulding, M.D.; 203 Grove Street, Wellesley. Also at Cartwright Road, Needham.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

FOR THE CARE OF MENTAL DEFECTIVES.

CLARKE SCHOOL, Miss Edith Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D.; G. Percy Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine.)

FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

GLENN SCHOOL, Mrs. Bernice G. MacPhee, 15 Glen Road, Newton Lower Falls, Mass.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: U. Waldo Cutler, Worcester; Clerk, Robert B. Greenwood, Winchendon.

Trustees appointed by the Governor: U. Waldo Cutter, Worcester; George B. Dewson, Milton; Arthur H. Lowe, Fitchburg; J. K. Dexter, Springfield; Miss Edith H. Sears, Boston.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Mrs. Arthur R. Smith, Leicester; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Paul M. Hubbard, Boston; Mrs. Edward W. Hutchins, Boston; Edward F. Mann, Worcester; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; Robert B. Greenwood, Winchendon; J. Sidney Stone, Boston; Mrs. Thomas Allen, Jr., Boston; Quentin Reynolds, Springfield; Edward G. Watkins, Gardner; H. S. Morley, Baldwinville; U. Waldo Cutler, Worcester.

Quarterly meetings: Third Wednesday of January, April, July, and October. Superintendent: Harold C. Arey, M.D.

Assistant Physician: Fleta H. Williams, M.D.

Treasurer: Edgar L. Ramsdell, Worcester.

Visiting days: Every day except Sundays.

Location: Hospital Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

PERKINS SCHOOL OF ADJUSTMENT, THE, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS.

WOODLAWN SANATORIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton.

"KITREDGE FARM"; Joseph Kittredge, M.D., 56 Academy Road, North Andover.

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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1933.

COMMISSIONER

JAMES V. MAY, M.D. Boston

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D. Boston

CHARLES G. DEWEY, M.D. Boston

SAMUEL KALESKY Boston

TIMOTHY W. FITZGERALD Salem

ASSISTANT COMMISSIONER

WINFRED OVERHOLSER, M.D. Wellesley Hills

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council:

The fourteenth annual report of the Massachusetts Department of Mental Diseases for the year ending November 30, 1933, is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

JAMES V. MAY, M.D.

Commissioner.

HENRY M. POLLOCK, M.D.

SAMUEL KALESKY

CHARLES G. DEWEY, M.D.

TIMOTHY W. FITZGERALD

Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

Duties of the Department

The Department of Mental Diseases consists, by law, of a commissioner and four associate commissioners who are appointed by the Governor. As at present constituted, the Department consists of Dr. James V. May, Commissioner; Dr. Henry M. Pollock, Dr. Charles G. Dewey, Mr. Samuel Kalesky and Mr. Timothy W. Fitzgerald, Associate Commissioners.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the inter-relations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

DEATH OF GEORGE MILTON KLINE, A.M., M.D.

Dr. George M. Kline, Commissioner of the Department, died at his home in Boston, on Thursday, January 5, 1933, at the age of 54 years, following an illness of two weeks due to heart disease.

He was born in Pittsburgh, Pennsylvania, and was graduated from the University of Michigan Medical School in 1901, with the degree of M. D. Following graduation he served on the staff of the Worcester State Hospital, Worcester, Massachusetts, for one year, then going to the Mount Pleasant State Hospital, Mount Pleasant, Iowa, where he remained four years. From 1906 to 1912 he was First Assistant Physician at the State Psychopathic Hospital, Ann Arbor, Michigan, and in March, 1912, he was appointed Superintendent of the Danvers State Hospital, Haverhill, Massachusetts. In August, 1916, he became Director of the Massachusetts Commission on Mental Diseases and in 1919, when the Commission was reorganized as the Massachusetts Department of Mental Diseases, he was made the Commissioner, which position he held until the time of his death.

He was a member of the American Medical Association; Massachusetts Medical Society; American Psychiatric Association (President 1926-1927); Massachusetts Psychiatric Society (President 1925-1926); New England Society of Psychiatry (President 1932-1933); The National Committee for Mental Hygiene; Massachusetts Society for Mental Hygiene; American Psychopathological Association; The American Association for the Study of the Feeble-Minded; Association for Research in Nervous and Mental Diseases; Board of Directors, Massachusetts Society for Social Hygiene; Medical Council of the United States Veterans Administration; Committee on Organization, First International Congress on Mental Hygiene; Corporation and Board of Directors, Boston School of Occupational Therapy (President, Board of Directors, 1930-1933); Corporation, Board of Trustees and Executive Committee of the New England Deaconess Hospital, Boston; Foreign Associate Member, Societe Medico-Psychologique; American Society of the French Legion of Honor, Inc.; Board of Directors, Boston Morris Plan Bank; University of Michigan Club of New England; Phi Beta Pi; Mason (32°, K.T.); Boston City Club.

During the World War he served as a member of the War Work Committee of The National Committee for Mental Hygiene; Chairman of the Massachusetts Committee for War Work in Neurology and Psychiatry; and Advisory Consultant in Neuro-Psychiatry for the Boston District.

In 1928 he was decorated by the French Government with the Cross of Knight of the Legion of Honor, in recognition of the valuable assistance rendered by him in connection with problems dealing with the mentally ill and mentally defective in Canada.

In 1931 the Honorary Degree of Master of Arts was conferred upon him by the University of Michigan, with the following citation:

"The methods of treatment which he devised and the hospitals which he organized and directed, have served as models everywhere, and brought to him recognition at home and abroad. A skillful physician to whom the afflicted turn for healing, a wise counselor to whom his colleagues look for leadership, he has labored effectively for the public good."

He is survived by his wife, Ethel A., and two daughters, Anitra Fry and Nancy Jane.

The following resolutions were adopted by the Department:

"It is with a profound sense of loss that the Associate Commissioners of the Department of Mental Diseases record the death of Doctor George Milton Kline, Commissioner of the Department, which occurred in Boston, January 5, 1933, after a short illness.

When the Massachusetts Commission on Mental Diseases was organized in 1916 he was induced to leave the Superintendency of the Danvers State Hospital to become its Director, and in 1919 when the Commission was reorganized, becoming the Department of Mental Diseases, he was appointed Commissioner, which position he held continuously until the time of his death.

By his executive genius, his breadth of vision, his unerring grasp of detail, and by the strength of his personality which inspired an intense personal loyalty on the part of all his associates and subordinates, he united the separate, unrelated institutions which he found on his assuming office into a cohesive system which is properly the envy of our sister States. Under his guidance the care of the patients in the mental hospitals of the Commonwealth has become the standard which state hospitals throughout the country strive to emulate.

He was, however, far more than an organizer and guide of institutions. His attention was early devoted to the need of preventive work, and he developed the first state-wide system of mental hygiene and research. Nor was this all; the development of school clinics and of statistical research, as well as of the present highly satisfactory relations of the Department with the Courts of the Commonwealth, are all notable among his contributions to the welfare and progress of Massachusetts. His outstanding accomplishments earned for him an international reputation, and his advice was sought by workers in the psychiatric field from the

four quarters of the globe. He was President of the New England Society of Psychiatry, former President of the American Psychiatric Association, and the Massachusetts Psychiatric Society; and a member of the Medical Council of the United States Veterans' Administration; a member of the Governing Board of the International Committee for Mental Hygiene, and a knight of the Legion of Honor. He had also received the honorary degree of Master of Arts from his Alma Mater, the University of Michigan.

The Associate Commissioners ever found in him a wise counsellor and a beloved friend. They hereby direct that this tribute, inadequate as any tribute to the memory of any great man must needs be, — be spread upon the records of the Department, and that copies be forwarded to His Excellency, the Governor, and to the family of their departed friend and associate”.

The Department also voted that there be issued a “Kline Memorial Number” of the Quarterly Bulletin of the Department.

Action was taken by the Department to the end that there be established some suitable memorial to the memory of Dr. Kline, and the following committee was named:

Dr. James V. May, Chairman
Dr. Henry M. Pollock
Dr. Charles G. Dewey
Mr. Samuel Kalesky

Dr. L. Vernon Briggs
Dr. Morgan B. Hodskins
Dr. Ransom A. Greene
Dr. Albert Evans

It was decided that the memorial consist of an oil painting of Dr. Kline, and a bronze tablet, both to be placed at the Metropolitan State Hospital in Waltham; also an enlarged photograph of Dr. Kline for each of the sixteen State institutions under the Department. A letter has been sent by the committee to each officer and employee of the Department and the institutions, inviting voluntary contributions for the establishment of a fund with which to carry out the proposed plans.

APPOINTMENT OF JAMES VANCE MAY, M.D.

Dr. James V. May, Superintendent of the Boston State Hospital, Dorchester Center, Massachusetts, since 1917, was appointed Commissioner of Mental Diseases to succeed Dr. George M. Kline, on January 12, 1933.

APPOINTMENT OF MR. TIMOTHY W. FITZGERALD

Mr. Timothy W. Fitzgerald of Salem, Massachusetts, was appointed Associate Commissioner on August 2, 1933, to fill the unexpired term of Mr. Elmer A. Stevens, who died on August 10, 1932. On October 18, 1933, Mr. Fitzgerald was reappointed for a term of four years, which expires on September 30, 1937.

Other Changes in Personnel

ROY D. HALLORAN, M.D.

Dr. Roy D. Halloran, formerly Assistant to the Commissioner in the Department, was appointed Superintendent of the Metropolitan State Hospital, Waltham, Massachusetts, on April 1, 1933, he being the first Superintendent to be appointed at this institution.

Dr. Halloran was born in Cambridge, Massachusetts. He received his early education in the public schools of Brooklyn, N. Y., and attended Dartmouth College, graduating with the degree of A.B., cum laude, in 1917; he received the degree of M. D. from the College of Physicians and Surgeons, Columbia University, in 1920. For two years following graduation he was on the staff of the Newark City Hospital, Newark, N. J. In 1922, he was appointed to the staff of the Boston State Hospital, Boston, Massachusetts, serving as Assistant Superintendent from May, 1928, until August, 1929, when he was appointed Assistant to the Commissioner, Department of Mental Diseases. From October, 1917, to December, 1918, he was a member of the Medical Enlisted Reserve Corps of the U. S. Army.

Dr. Halloran is Assistant Professor in Psychiatry at Tufts College Medical School; Consultant Psychiatrist, Evans Memorial Hospital; and Associate in Research, Boston State Hospital. He was Attending Specialist at the U. S. Veterans' Hospital in Bedford, Mass., from August, 1931 to July, 1932. He is a

member of the District Advisory Committee of the Massachusetts Society for Mental Hygiene; American Medical Association; Massachusetts Medical Society; American Psychiatric Association; Massachusetts Psychiatric Society; New England Society of Psychiatry; Dartmouth Alumni Association; and the University Club of Boston.

Dr. Halloran is married and has two children.

ARTHUR N. BALL, M.D.

On May 1, 1933, Dr. Arthur N. Ball was transferred from the position of Director of the Division for the Examination of Prisoners under the Department to the position of Assistant to the Commissioner in the Department, to succeed Dr. Roy D. Halloran, who was appointed to the Superintendency of the Metropolitan State Hospital on April 1, 1933.

Dr. Ball is a native of Massachusetts. He received the degree of M. D. from the University of Pennsylvania in 1911, and following graduation he served one year as House Officer at the Paterson General Hospital, Paterson, N. J. In October, 1912, he was appointed Assistant Physician on the staff of the Northampton State Hospital, Northampton, Massachusetts, and in March, 1918, was granted a leave of absence to enter the Medical Corps of the U. S. Army. He returned to the Northampton State Hospital in July, 1919, as Senior Physician. In November, 1921, he was transferred to the Gardner State Colony, East Gardner, Massachusetts, as Assistant Superintendent where he remained until October, 1926, when he was transferred to the Department of Mental Diseases as Assistant to the Commissioner. On October 29, 1928, he was appointed Chief Executive Officer of the Boston Psychopathic Hospital, from which position he was transferred to the Division for the Examination of Prisoners, as Director, on November 27, 1931, to fill the vacancy caused by the transfer of Dr. Earl K. Holt to the Superintendency of the Medfield State Hospital.

On July 17, 1933, Dr. Ball, while officially continuing as Assistant to the Commissioner in the Department, was appointed, temporarily, Acting Chief Executive Officer of the Boston Psychopathic Hospital, to fill the vacancy caused by the death of Dr. Samuel Smith Cottrell, former Chief Executive Officer of that institution, on July 16, 1933. No permanent appointment has as yet been made to this position.

Dr. Ball is married and has one son.

EDWARD W. WHITNEY, M. D.

On April 10, 1933, Dr. Edward W. Whitney was appointed to the position of Assistant to the Commissioner in the Department and on November 8, 1933 he was appointed Superintendent of the Northampton State Hospital, Northampton, Massachusetts, to succeed Dr. Theodore A. Hoch, who died on August 4, 1932.

Dr. Whitney was born in Putnam, Connecticut, and was educated in the public schools of Ware, Massachusetts. He was graduated from the Harvard University Medical School in 1903, following which he served an Internship at the Boston City Hospital. In 1905, he was appointed Assistant Physician at the Northampton State Hospital, Northampton, Massachusetts, and in June, 1917, was promoted to the position of Assistant Superintendent. Following the retirement of Dr. John A. Houston as Superintendent in July, 1929, Dr. Whitney served as Acting Superintendent until the appointment of Dr. Theodore A. Hoch as Superintendent in February, 1930. He again became Acting Superintendent following the death of Dr. Hoch in August, 1932.

Dr. Whitney was married to Dr. Harriet Wiley in 1911.

He is a member of the Massachusetts Psychiatric Society; American Psychiatric Association; New England Society of Psychiatry; Massachusetts Medical Society; and the American Medical Association.

ANNA M. ALLEN, M.D.

On July 5, 1933, Dr. Anna M. Allen, Pathologist for the Department, returned from a year's leave of absence spent in study abroad, and Dr. Myrtelle M. Canavan, who carried on the work during the absence of Dr. Allen, left the service on that date.

DEATH OF DR. SAMUEL SMITH COTTRELL

Dr. Samuel Smith Cottrell, Chief Executive Officer of the Boston Psychopathic Hospital, died on July 16, 1933.

Dr. Cottrell was born in Richmond, Virginia. He was graduated from the Boston University School of Medicine in 1914, following which he returned to his native city and entered general practice. After the outbreak of the World War in 1917 he was commissioned First Lieutenant, United States Army, and saw service at Camp Colt and Camp Dix. Following his army service he again entered general practice but gave this up in 1921 when he joined the staff of the Milwaukee County Hospital for Mental Diseases, Wauwatosa, Wisconsin, and at the end of one year's service at this institution he came East for post-graduate work in psychiatry at the Harvard University Medical School. After completing this course he was appointed Assistant Physician at the Bloomingdale Hospital, White Plains, New York, where he remained for two years, when he resigned in order that he might take up research work abroad. In July, 1924, he became associated with Dr. S. A. Kinnier Wilson at the National Hospital, Queen's Square, London. This association resulted in a three years' collaboration and study of problems dealing with localization of the cerebral emotional centers. Having completed this work, he then spent a year studying the methods of psychiatric clinics and hospitals in France, Italy and Switzerland. Returning to the United States, he was in October, 1928, appointed to the position of Assistant Superintendent at the Medfield State Hospital, Harding, Massachusetts. On December 1, 1931, he was appointed Chief Executive Officer of the Boston Psychopathic Hospital, which position he held at the time of his death.

Dr. Cottrell was an instructor on the faculty of Tufts Medical School, and wrote several scientific articles which were published in American and British Medical Journals. He was a member of the New York State Medical Society; Massachusetts Medical Society; Massachusetts Psychiatric Society; American Psychiatric Association; and the New England Society of Psychiatry.

He is survived by his widow, one daughter and two sons.

The following resolutions were adopted by the Department:

"Dr. Samuel Smith Cottrell, Chief Executive Officer of the Boston Psychopathic Hospital, died on July 16, 1933. Entering the service of the Department in 1928 as Assistant Superintendent of the Medfield State Hospital, after an extensive experience in his profession both in this country and abroad, he was appointed Chief Executive Officer of the Boston Psychopathic Hospital in December, 1931. In that capacity he exhibited marked initiative and resourcefulness, coupled with a fund of energy which enabled him to bring about notable improvements in the administration of the hospital. In his passing the Department has lost an able, energetic and loyal physician.

The Commissioner and Associate Commissioners hereby record their deep regret over the death of Doctor Cottrell, and direct that a copy of this memorial be sent with their profound sympathy to Mrs. Cottrell."

Activities of the Department

THE METROPOLITAN STATE HOSPITAL

On October 29, 1930, the Metropolitan State Hospital in Waltham was formally opened, but it was not until February 1, 1933, that a Board of Trustees was named, the control of the institution, until that time, having been directly under the Department of Mental Diseases, as provided by Chapter 403 of the Acts of 1930. The following were appointed by Governor Joseph B. Ely and the Executive Council as members of this Board:

DR. GILBERT HORRAX, Brookline
MR. RICHARD J. DUNN, Newton
MRS. HELEN RUSSELL, Cambridge
MISS ANNA M. MANION, Waltham
DR. HENRY S. ROWEN, Brighton
REV. JOHN R. MCCOOL, East Boston
DR. ERWIN C. MILLER, Worcester

On April 1, 1933 the first Superintendent was appointed, — Dr. Roy D. Halloran, an Assistant to the Commissioner in the Department of Mental Diseases, having been selected for this position. A full account of the activities of the institution for the fiscal year ending November 30, 1933 will be found in the annual report of the trustees.

Much credit is due Dr. Clifford A. Moore, the Assistant Superintendent, for the very valuable service rendered by him as Acting Superintendent during the period when the hospital was under the direct control of the Department.

THE NEW SCHOOL FOR THE FEEBLE-MINDED

Since the abandonment of the site for a new school for the feeble-minded in Andover, Mass., no further consideration has been given by the Department to the selection of a new location. For the time being, provisions have been made for additional accommodations for feeble-minded children at the three existing schools.

STATE INSTITUTIONS AS TRAINING CENTERS FOR PERSONNEL

The training of personnel, both in the Department and in the State institutions under the Department, has been continued. Officers of the Department and staffs of the various institutions assist in the teaching of psychiatry to medical students at Boston University School of Medicine, Harvard University Medical School and Tufts College Medical School, and all fourth-year students in medicine at Boston University and Tufts College are required to spend a month in residence, or a summer's equivalent, in one of the mental hospitals. In addition, students and graduates in medicine from other parts of this country and abroad come to Massachusetts for special training in our State institutions. At the present time, Dr. M. V. Govindaswamy, M.A., B.Sc., M.B.B.S., a member of the medical staff of the State Mental Hospital in Bangalore, India, is spending a year in training at the Worcester State Hospital, Worcester, Massachusetts. He was sent to this country by the Mysore Government, and is the second physician from India to be commissioned for such training in one of our institutions.

Courses have been given for physicians, social workers, occupational therapists, hydrotherapists, physiotherapists, and student nurses from approved general hospitals, and training schools are conducted for nurses who are to engage in both general and mental nursing. Special research studies are being carried on in some of the institutions.

An instructive course in Behavior Problems in Children was given to assistant physicians in the State service, — from April 24th to April 29th. This consisted of lectures and clinics given by some of the leading specialists in the many phases of the subject.

A two-day conference on hydrotherapy, — its present status in State hospitals and the methods used in training schools in teaching hydrotherapeutic procedures to students, nurses and student hydrotherapists, — was held for physicians, hydrotherapists and superintendents of nurses in our institutions. It was also attended by representatives of the Veterans Hospitals in Massachusetts as well as other hospitals outside the State.

MENTAL EXAMINATIONS OF PERSONS COMING BEFORE THE COURTS

The Department continues to examine a large number of defendants in criminal cases who fall within the provisions of Section 100-A, Chapter 123, General Laws usually known as the "Briggs Law". Eight hundred and seventy-three cases were referred for such examination during the year 1933. This represents a decrease of 56 from the number referred during 1932.

Under Section 99, Chapter 123, General Laws, the Justice of any court may request the Department to assign a member of a State hospital staff to examine any person coming before the court. It is somewhat astonishing to note how few requests, relatively, are made under this section, when the enormous annual number of cases, criminal, civil and probate, is considered. During the year 1933, only 35 such requests were made, this number being 32 less than in 1932. Of these requests, 32 were from criminal courts, 3 from probate courts, and none from civil law and equity courts.

EXAMINATION OF JUVENILE DELINQUENTS

Section 58A, Chapter 119, General Laws

Two years of experience with the examination of Juvenile Delinquents under the provisions of Section 58A, Chapter 119, General Laws, have proved somewhat disappointing as far as accomplishing, in a practical way, what was intended. This has not been due so much to defects in the law itself as to the present set-up and overcrowded conditions of our institutions.

The examinations have demonstrated that there is a considerable group of juvenile offenders who present a psychiatric problem, such as feeble-mindedness, psychosis, psychopathic personality, or neurosis, and who are obviously unsuited for the reformatory type of institution. Inasmuch as the Schools for Feeble-minded are filled to capacity and have long waiting lists, and the Department for Defective Delinquents at Bridgewater has neither the room nor equipment for the proper care and treatment of this younger group, the court has practically no choice except to send these offenders to Shirley or Lyman Schools if institutional care appears to be indicated.

The law now requires the mental examination of juvenile delinquents only "prior to the commitment, by way of final disposition to any public institution or to the department (of public welfare)"; in other words, the justice has already made his decision to commit to one of the State training schools before the examination is requested. The purpose of the law, as expressed in paragraph 1 of the regulations adopted by the Department under the statute is "to give the presiding justice of the juvenile session information regarding the physical, mental and social assets and liabilities of the child adjudged delinquent, for his guidance in disposition —", yet if the terms of the law are followed strictly, this purpose is not fulfilled. Many of the children examined have already been on probation; if, following this first delinquency, they might have been examined and placed under the care of a child-guidance clinic where such procedure seemed advisable, the chances of repetition might well have been diminished. An extension of the law to provide for the examination of all children brought into juvenile court might well be considered.

As a means of aiding in a solution of the problems of suitable and specialized care of delinquents who are abnormal or sub-normal mentally, consideration might well be given to the possibility of the Commonwealth's purchasing one or more of the county training schools as institutions for these groups.

That some provision is urgently needed for the care of the juvenile delinquents with defective mentality is indicated by the fact that out of 1,564 cases examined, 718, or over 45%, were subnormal although above the feeble-minded level, and that 345, or 22%, were definitely feeble-minded.

The following table shows the number of cases examined from October 1, 1931, to October, 1933, by sex and age groups. It will be noted that the largest group is the 15 to 18 year group, although the 12 to 15 year group runs a close second. In interpreting these data, it should be borne in mind that they apply only to those delinquents whose commitment had been decided upon — in other words, to the more persistent and troublesome offenders. They probably do not fairly represent the entire group of juvenile delinquents.

There are about four times as many boys as girls but the percentages of normal, subnormal and feeble-minded are very close in both sexes.

It might be added that the courts for the most part are giving fairly satisfactory cooperation in trying to carry out the provisions of the law, although a few still persist in sending cases for examination after the order for commitment has been issued.

Juvenile Delinquents Examination
October 1, 1931 — October 1, 1933

AGE GROUPS	Total			NORMAL			SUBNORMAL (Borderline) (Dull)			FEEBLEMINDED			PSYCHOTIC			PSYCHOTIC OR PSY- CHOPATHIC PERSON- ALITY WITH MENTAL DEFECT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 12	158	29	187	60	9	69	70	11	81	23	9	32	-	-	-	4	-	4
12-15	531	127	658	175	33	208	254	50	304	108	24	132	1	2	3	10	3	13
15-18	570	149	719	144	38	182	263	70	333	132	49	181	3	-	3	12	7	19
Totals	1,259	305	1,564	379	80	459	587	131	718	263	82	345	4	2	6	26	10	36
Percent	.	.	.	30.10	26.23	29.35	46.62	42.95	45.91	20.89	26.88	22.06	.32	.66	.38	2.07	3.28	2.30

THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS

Under the provisions of Chapter 77, of the Acts of 1933, entitled "An Act Repealing the Law Requiring the Psychiatric Examination of Certain Prisoners in Jails and Houses of Correction", the Division for the Psychiatric Examination of Prisoners which had functioned under the Department since 1924, was abolished, and the work of that Division terminated on April 30, 1933. This action was taken by the Legislature as part of an economy measure made necessary by a lack of funds.

A report of the operations of this Division for the five months ending April 30, 1933 is given in the report of the Director of the Division.

General Matters

Ten monthly meetings of the Commissioner and Associate Commissioners, and nine special meetings, were held during the year.

A visit of inspection was made by the Commissioner, Associate Commissioners and Assistant Commissioner, accompanied by the Budget Commissioner of the Commission on Administration and Finance, to each State institution under the Department, as well as to the mental wards at the Bridgewater State Hospital.

Eight monthly conferences of the Commissioner and Assistant Commissioner with the Superintendents of the State institutions under the Department were held.

SEMIANNUAL MEETINGS OF THE DEPARTMENT WITH THE TRUSTEES OF STATE INSTITUTIONS

A semiannual meeting of the Department of Mental Diseases with the Trustees of the State Institutions under the Department was held at the Metropolitan State Hospital, Waltham, Mass., on Wednesday, April 19, 1933.

Luncheon was served at 12:30 P. M. in the Employees' Cafeteria, followed by the meeting at 2 P. M. in the Assembly Building.

The meeting was called to order by Dr. James V. May, Commissioner of Mental Diseases, and a welcome was extended to those present by Dr. Roy D. Halloran, Superintendent of the hospital.

Dr. Douglas A. Thom, Director of the Division of Mental Hygiene, Department of Mental Diseases, addressed the meeting on "The Part Played by Mental Hygiene in the Community."

Dr. May then called upon Dr. L. Vernon Briggs, former member and Secretary of the Massachusetts State Board of Insanity, to tell the history of the early development of the hospital.

After adjournment, an opportunity was afforded those present to inspect the buildings of the hospital.

A semiannual meeting of the Department of Mental Diseases with the trustees of the State institutions under the Department was held at the Walter E. Fernald State School, Waverley, Mass., on Wednesday, October 18, 1933.

Luncheon was served in the Service Building at 12:30 P. M. The meeting, held in the Assembly Building, was called to order by Dr. James V. May, Commissioner of Mental Diseases, at 2:00 o'clock.

On account of the semiannual conferences held by the Department, the trustees voted, on the motion of Dr. Albert Evans, Secretary-Treasurer of the Hospital Trustees' Association, to discontinue their annual meetings and in the future to hold only such special meetings as might be called by the Secretary.

Dr. Winfred Overholser, Assistant Commissioner of the Department, thanked the trustees for their contributions made to the Committee on Arrangements for the meeting of the American Psychiatric Association held in Boston last June.

Dr. Henry Lefavour, Chairman of the Board of Trustees of the Boston State Hospital, and Chairman of the Massachusetts Emergency Public Works Commission under the National Recovery Act, discussed the possibility of securing Federal funds for construction at the institutions under the Department.

It was moved by Mr. Moses H. Gulesian, trustee of the Walter E. Fernald State School — and later seconded and unanimously carried — that the address by Dr.

Greene be printed and entered in the records of the meeting. Dr. May suggested that it might properly be printed in the Bulletin of the Department.

Dr. Ransom A. Greene, Superintendent of the Walter E. Fernald State School, addressed the meeting on "The Problem of Mental Defect".

After the meeting was adjourned, an inspection of the buildings of the School was made.

COMMITTEE ON PRISON-MADE GOODS

At the regular monthly conference of the Superintendents of the State institutions with the Commissioner of the Department held on April 4, 1932, the following Superintendents were appointed to serve on a Committee on Prison-made Goods:

Dr. Clarence A. Bonner, *Chairman*

Dr. George E. McPherson

Dr. Walter E. Lang.

On March 30, 1933, the following report was submitted by the Committee:

"The Committee met two or three times, the last time with members of the Manufacturing Division of the Department of Correction, who showed a desire to produce goods that would be satisfactory to the institutions' requirements. Certain data, such as sample cards, etc., which had been promised sometime previously, were discussed and the Committee was assured that they would soon be forthcoming.

In the meantime, matters have rested on the above basis, the only change being that we are informed that after January 1, the prisons would manufacture only for institution use.

While this report is not final, it is offered as a report of progress."

THE EMERGENCY PUBLIC WORKS PROGRAM

With the passage of the National Industrial Recovery Act by the Federal Government on June 16, 1933, and with the passage of appropriate legislation by the General Court of the Commonwealth on July 22, 1933, authorizing the acceptance of grants from the Federal Government to be applied toward the construction of public works, the Department of Mental Diseases was invited to make recommendations to the Massachusetts Emergency Public Works Commission for the construction and alteration of various buildings at the several State hospitals. The details of these requests and the projects approved will be found in the report of the Engineer of the Department.

In addition, under date of July 18, 1933, His Excellency, the Governor, sent a special message to the Legislature recommending the passage of a resolve authorizing the establishment of a Norfolk State Hospital under the supervision of the Department of Mental Diseases, for the custody and care of insane criminals, and authorizing the transfer to the Department for this purpose a certain land now owned by the Commonwealth at the Norfolk Prison Colony. The resolve, House No. 1593, was referred to the next annual session.

NEW COMMITMENT FORMS

Until October, 1933, there had been no uniformity in the forms used by the several criminal courts of the Commonwealth in committing to State hospitals prisoners held under complaint, indictment, or sentence. With a view to establishing uniformity and to facilitating the work of the clerk of the court in respect to these commitments, ten forms were adopted by the Department on October 2, 1933, to provide for the various types of commitment authorized by Sections 100, 102-105 inclusive, of Chapter 123 of the General Laws, Tercentenary Edition.

THE EIGHTY-NINTH ANNUAL MEETING OF THE AMERICAN PSYCHIATRIC ASSOCIATION

The eighty-ninth annual meeting of the American Psychiatric Association was held at the Hotel Statler, Boston, from May 29 to June 2, 1933, and was attended by approximately 1100 members and guests from this and other States, this being the largest attendance at any meeting in the history of the organization. The Commissioner of the Department, who was President of the Association this year, presided.

A number of those in attendance visited the new Psychiatric Clinic at the Boston State Hospital, and some of the other institutions under the Department.

RELATIVE TO LICENSES ISSUED TO PRIVATE HOSPITALS DURING THE YEAR

A license was issued to Dr. Frank E. Leslie, Manager, to conduct the institution at Northampton, known as the Veterans' Administration Facility, he to succeed Dr. William M. Dobson, the former Manager.

Dr. George C. Moore was granted a license to conduct a private institution for the care of inebriates and drug addicts, at 232 Townsend Street, Roxbury, to be known as "Grove Hall Institute".

A license was granted to Dr. Arthur Berk to conduct a private institution at 166 Lancaster Terrace, Brookline, for the care of mental cases, epileptics, the feeble-minded, and persons addicted to the intemperate use of narcotics or stimulants, to be known as the "Bosworth Hospital".

DEPORTATION

There were considered 231 cases in 1933, in comparison to 218 cases in 1932. The Department deported 88 to other states and 8 to other countries, 96 in all. The United States Commissioner of Immigration, in addition, deported 23. Altogether 119 have been deported since December 1, 1932.

Since October 1, 1898, 4449 persons have been deported by this Department.

Details of the disposition of cases under consideration for deportation are shown in Table .

RECOMMENDATIONS FOR LEGISLATION

To provide for the Transfer to Certain Institutions of Insane Prisoners in the State Prison Colony.

This legislation is desired to provide for the transfer to a mental hospital of a prisoner in the State Prison Colony at Norfolk — who may have developed mental symptoms. It is the purpose of the Act to permit such transfer directly to a State hospital in the same manner as is provided for prisoners in the State Prison, the Massachusetts Reformatory and the Reformatory for Women.

NEW LEGISLATION — 1933

CHAPTER 55. — *Resolve providing for an Investigation and Study by a Special Commission of the General subject of Public Expenditures.*

Resolved, That a special commission, consisting of four members of the senate to be designated by the president thereof, twelve members of the house of representatives to be designated by the speaker thereof and five members to be appointed by the governor, is hereby authorized to sit during the recess of the general court to investigate and study the general subject of public expenditures, including, in addition to expenditures by the commonwealth, such expenditures by counties, cities, towns and districts as are required or encouraged by the commonwealth, to consider ways and means for curtailing, limiting and reducing such expenditures, to consider the advisability of repealing or modifying any existing legislation which necessitates or encourages the making of public expenditures unwisely or beyond the reasonable means of the public in view of existing conditions, and generally to investigate and study the entire problem of public expenditures with a view to alleviating the burden thereof. It shall particularly investigate the subject matter of current senate documents twenty-nine, four hundred and eight and four hundred and thirty-six, and current house documents seven hundred and two and fourteen hundred and seventy-five. Said commission shall also investigate and report relative to the advisability of enacting legislation requiring justices of district courts to give their entire time to the discharge of their judicial duties and forbidding such justices to engage in the general practice of law. Said commission may hold hearings and may call upon the commissioner of corporations and taxation and other departments, commissions, officers, committees, and agents of the commonwealth and of the several counties, municipalities and districts for such information as may be needed in the course of its investigation and study. Said commission shall be provided with quarters in the state house or elsewhere, and may expend for expert, clerical and other services and expenses such sums, not exceeding, in

the aggregate, four thousand dollars, as may hereafter be appropriated. Said commission shall report to the general court the results of its investigation and study, and its recommendations, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerk of the senate not later than December thirty-first in the current year. — (*Approved July 22, 1933.*)

CHAPTER 256. — *An Act Relative to the Disposition of Moneys Represented by certain Bank books Belonging to former patients of certain State hospitals.*

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section thirty-nine B, inserted therein by chapter two hundred and four of the acts of nineteen hundred and thirty-two, the following new sections: *Section 39C.* Any bank book belonging to a patient who has been discharged or has escaped from any state hospital, which shall have been in the custody of the superintendent of such hospital and remained unclaimed for more than two years and represents a deposit in a savings bank or trust company within the commonwealth may be presented by the department to such bank accompanied by the written request of the department for payment to it of so much of such deposit as is equivalent to the amount due the commonwealth for the support of such patient, and such bank shall thereupon pay to the department the amount so requested. (*Approved June 10, 1933.*)

ANNUAL REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of the Department of Mental Diseases:

The committee on Training Schools for Nurses for the year ending November 30, 1933, has been composed as follows:

Dr. William A. Bryan, Chairman
 Dr. Ralph M. Chambers, Member of Committee
 Dr. Roderick B. Dexter, Member of Committee
 Dr. Joseph E. Barrett, Secretary

There have been no changes insofar as the types of training schools conducted are concerned. Training Schools for Nurses, giving the full three year course of training have been conducted at the following hospitals:

Danvers State Hospital	Taunton State Hospital
Medfield State Hospital	Westborough State Hospital
Monson State Hospital	Worcester State Hospital

These schools have continued on the same high standard as during previous years.

Training Schools for Psychiatric Nurses have been conducted at the following hospitals: —

Boston State Hospital	Grafton State Hospital
Foxborough State Hospital	Northampton State Hospital
Gardner State Colony	

Although the minimal educational requirement for enrollment for this type of training, as established by the committee, is completion of two years of high school, it is interesting to note that the majority of students enrolled in these classes have been graduates of high school.

On October 1, 1932, there were enrolled in the training schools giving the three year course, 283 students who were classified as follows:—

<i>Hospital</i>	<i>Juniors</i>	<i>Intermediates</i>	<i>Seniors</i>
Worcester	24	18	20
Danvers	26	19	17
Taunton	15	14	12
Medfield	20	10	8
Monson	18	15	6
Westborough . . .	20	12	9
	123	88	72

Of this enrollment 202 students have successfully completed the year's work.

On October 1, 1932 there were enrolled in the Psychiatric Training Schools 133 students who were classified as follows:

<i>Hospital</i>	<i>Juniors</i>	<i>Seniors</i>
Boston.	30	11
Foxborough	17	7
Gardner	12	12
Grafton	19	0
Northampton	16	6
	<hr/> 97	<hr/> 36

Of this enrollment 70 students have successfully completed the year's work.

The following hospitals of the Department have continued to give affiliate training courses in psychiatric nursing to pupils from general hospital training schools.

Boston Psychopathic Hospital

Boston State Hospital

Grafton State Hospital

Taunton State Hospital

Monson State Hospital

Worcester State Hospital

Northampton State Hospital

During the past year 185 students in training in general hospital training schools have been given three months instruction and training in psychiatric nursing. These students come from 24 general hospitals.

There have also been post graduate courses of six months instruction and training given to 16 graduate nurses from 11 different general hospital training schools.

At the regular quarterly meeting in February 1933, the following uniform for graduate Psychiatric Nurses (female) was adopted: —

One piece white uniform.

White shoes and stockings optional.

Cap — white with two light blue velvet bands.

Pin to be selected by the class.

A uniform was also adopted for Graduate Psychiatric Nurses (male) as follows: —

White duck coat and trousers.

White shirt and collar with black bow tie.

The left sleeve of the coat to have two short light blue bands on the outer surface located three and one-half inches from the end of the sleeve.

There was also adopted a new certificate to be issued to students who have completed an affiliation with the various State Hospitals, and a certificate to be issued to graduate nurses for post graduate work in psychiatric nursing.

During the early part of the year there were several special meetings of the committee for the purpose of working out some plan for recognizing officially the graduates of the Psychiatric Training Schools. These meetings resulted in the recommendation that two new grades be established, viz., Graduate Psychiatric Nurse and Head Psychiatric Nurse. The Division of Personnel, Commission on Administration and Finance favored these grades and they were approved by the Governor and Council with the salary schedule as follows:

Graduate Psychiatric Nurse \$690.—\$810. and maintenance*

Head Psychiatric Nurse \$870.—\$1,050 and maintenance.*

*Reduced in accordance with Chapter 105, of the Acts of 1933.

On May 29, 1933, the Committee held a special meeting at which they selected questions to be used in the nurses' examinations held in June. The returns of these examinations were canvassed at the meeting in August and it was ordered that the results of the examinations be filed as a part of the permanent records of the Committee.

The Committee of the Training Schools in all of the State Hospitals during the past year has been gratifying and their future seems much more encouraging.

WILLIAM A. BRYAN, *Chairman*

RODERICK B. DEXTER

RALPH M. CHAMBERS

JOSEPH E. BARRETT, *Secretary*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1933. Tables 1-11 inclusive, immediately follow this report.)

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1933. This report has embodied in it the finances of the Department and the institutions under its financial control, together with the reports of the Department's Engineer, Assistant Engineer, and Farm Supervisor, containing information relating to the work of the Financial Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

There were no vacancies filled in the training school for stewards during the year.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to the sum of \$275,633.58, a decrease of \$60,925.65 over that of the previous year. This was due to the discontinuing of the Division for Examination of Prisoners.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then the receipts which are for sales only. Receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expenses arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$5.849; that for the schools for mental defectives is \$5.381; with an average of \$5.760 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1932, the average weekly per capita cost for the twelve mental hospitals was \$6.508, or \$.659 more than the fiscal year 1933. For the schools for mental defectives for the fiscal year 1932 the average weekly per capita cost was \$6.317 or \$.936 more than the average per capita cost for the fiscal year 1933. Taking the total of the sixteen institutions for 1932, the average weekly per capita cost was \$6.472 as compared with the average per capita cost of 1933 of \$5.760, or \$.712 more than the average of 1933. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that of the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital, for 1933 is \$5.665, and the average per capita cost for the fifteen institutions, computed without the Boston Psychopathic Hospital, is \$5.606.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1932, all classifications show a decrease with the exception of Heat and Other Plant Operation which shows an increase of \$15,189.21 over the 1932 figure. This increase is due to the additional heating required by new buildings.

The average weekly per capita cost per patient for personnel for 1932 was \$3.66 and for 1933 \$3.28, a decrease of \$.38 from 1932. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a slight increase in all classifications with the exception of Industrial and Educational, which shows a decrease.

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances

available rather than with the actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. This table more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$798,681.64, a decrease from the receipts of 1932 of \$17,723.45. The per capita amount received in 1933, based on average daily patient population, was \$32.35. The receipts from paying patients were 10.78% of the total cost of Maintenance. (Table 8.)

Section 27, Chapter 123 of the General Laws reads as follows: "The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Colony, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. During the year the following material was printed: 250,500 letterheads, 37,100 envelopes, 38,850 Christmas folders and envelopes, 21,700 Christmas folder labels, 58,469 triplicate order blanks, 5,000 contract forms, 101,800 pay roll checks, 3,286,755 medical and other cards and forms of 365 varieties, 1,200 Department annual reports, 9,750 institution annual reports, 500 reprints, 1,000 booklets, 2,700 bulletins. The total cost of this printing, excluding the Department and institution annual reports, was \$5,096.95.

The reports of the Department's Engineer, Assistant Engineer, and Farm Supervisor are appended.

REPORT OF THE DEPARTMENT ENGINEER

Appropriations for construction work for Special Purposes were practically none for 1933, and most of the last year's appropriations were completed.

At the Boston State Hospital the Reception Building was completed, and most of the equipment purchased. At the Danvers State Hospital the Renovation of Rear Center was finished and practically all of the kitchen and cafeteria equipment purchased. At the Foxborough State Hospital the boiler settings work was completed, and most of the renovation work on the Female Verandas was finished.

At the Gardner State Colony the new heating plant and the coal trestle were finished, and most of the equipment installed. Work on additional sewage disposal was completed. At the Medfield State Hospital work on an additional water supply progressed to almost completion, and work on installing new boilers was completed. At the Metropolitan State Hospital construction on the Medical and Surgical Building progressed steadily. Two Officers' Cottages were completed and furnished. At the Northampton State Hospital the Male Nurses' Home was finished and furnished. Work on the installation of new boilers at the Taunton State Hospital was completed. Electric Refrigeration was installed at the Westborough State Hospital, made necessary by the ice shortage, and the Renovation of Child's Building progressed to completion. At the Monson State Hospital the project for New Heating Plant and Equipment was practically completed, as was work on the construction of the new sewer beds.

At the Belchertown State School practically all of the construction work under way was completed during this year. The Contagious Hospital at the Walter E. Fernald State School was completed, as was the Employees' Dormitory at this institution. The Assembly Building was completed and equipped, and the New Infirmary Building finished and furnished. Also the Nursery Building was completed and equipment for the new heating plant furnished and installed. The repairing of the Hot Water Line was practically completed this year. At the Wrentham State School the Infirmary Building was finished and practically furnished. Work on additional sewer beds also, well under way by the first of this year, was completed.

In June, 1933, a program was called for, and a list of necessary buildings amounting to approximately \$13,000,000., was submitted shortly after. After hearings by the Ways and Means Committee, legislation was passed and the Emergency Public Works Commission created, and the program began to take shape. A definite program with complete description of the buildings, and the necessity, was made up and submitted to this new commission. After hearings by the Department and the commission, items were selected and tentative plans prepared for further consideration for public hearings. Following these hearings, and after approval by His Excellency, the Governor, and the Emergency Public Works Commission, more complete plans were prepared and definite estimates and details covering necessity and capacity were submitted as requests to the Federal Government for consideration in its Public Works Administration program. Upon the approval of these requests the architects and engineers were put to work preparing final plans and specifications. The final program was extensive, covering every institution in the Department with the exception of the Boston Psychopathic Hospital, and amounted to over \$7,000,000. Approval was received on a few of the projects by the end of the year so that bids were advertised and opened on the Power Plant, Shop Building, Male Employees' Home, and Employees' and Officers' Building at the Boston State Hospital; and Electric Distribution Cables at the Metropolitan State Hospital. A large amount of detail was required by the government on this program, not necessary in connection with the projects financed wholly by appropriations from the state legislature. This necessitated much extra work on the part of the office force of the Financial Division. This extra work however was handled without any undue increase in the office force.

Under date of June 1, 1933, a fire occurred in the attic spaces of the Lincoln Ward at the Worcester State Hospital, and burned off the entire roof. Plans immediately were prepared and contracts let for work replacing this roof with one of steel and gypsum construction with concrete slabs forming the ceiling of the fourth floor. This will produce a first-class permanent roof of fireproof construction.

REPORT OF THE ASSISTANT ENGINEER

Excellent progress was made during the past year on important repair work at the institutions under the control of this department. Although the repair appropriations were, of necessity, less in amount than those of previous years, work on important items was carried through to successful completion.

Chief items of importance were new boiler settings and new electric distribution cables at the Danvers State Hospital, installation of oil burning equipment in the kitchen ranges of the Gardner State Colony, the Westborough State Hospital, and the Belchertown State School, the overhauling and painting of the large standpipes at the Gardner State Colony and the Metropolitan State Hospital. Plumbing renovation was continued at the Westborough State Hospital, and the Monson State Hospital, and also at the Walter E. Fernald State School. New sewing room equipment was purchased and installed in the "K" building of the Wrentham State School.

The fire protection program was continued at the Danvers State Hospital, Grafton State Hospital, and the Walter E. Fernald State School by the installation of automatic fire extinguishers. The nurses' rooms at the Boston Psychopathic Hospital were wired to eliminate the fire hazard from exposed electric wiring.

A start was made in renewing the dairy equipment at the Taunton State Hospital by the purchase of refrigerating apparatus for milk cooling.

Careful investigations were made into the institution requests for repairs for the coming fiscal year and important items were included in the lists forwarded to the Budget Commissioner.

Comparisons of building valuations were made in considering the requests for ordinary repairs and adjustments were made on this basis rather than on a per capita basis.

Fifty one visits were made during the year to the institutions, in connection with maintenance and special appropriation projects.

REPORT OF THE FARM SUPERVISOR

During the year 1933, 138 visits were made to institution farms, or an average of 8 visits to each institution. Analysis of the year's business on the 15 farms shows a total net profit of \$301,955.09 or an increase of \$58,631.02 over the net profit for the year 1932.

The value of the farm production for the year 1933 is \$856,623.47 as compared with a total production of \$849,290.54 for the year 1932, or an increase in 1933 of \$7,332.93. (See tables 10 and 11.) The same unit prices were used for all products in 1933 as in 1932. These figures would have been considerably higher had it not been for the hectic weather during the growing season of garden vegetables. The growing season of 1933 started off with good weather for crops, then long intermittent periods of drought and heavy rains, which had the effect of blighting and reducing crop totals, but due to increased production of milk, eggs and pork, the grand total of production was more than the year 1932.

The ratings of the different farms have been relayed to the institutions each month as in past years.

The average number of cows for the year 1932 was 796 with an average production of 12,821.92 pounds of milk per cow while in 1933 a total of 791 cows made an average production of 13,504.38 pounds of milk per cow; in other words, there was a decrease of 5 cows and an average increase of 682.46 pounds of milk per cow. This is the 16th consecutive year that an increase in milk production has been obtained. Replacements for the dairy herds are of our own raising with the exception of three bulls for future herd sires which were obtained from well-known breeders.

The production of pork during the year 1933 has increased from 799,419 pounds (produced in 1932) to 851,378 pounds or an increase of 51,959 pounds. During the year, four pure bred sires have been purchased from firms in Pennsylvania and Ohio.

The average egg production has increased from 156.05 eggs per hen in 1932 to 197.08 eggs per hen in 1933 or the highest egg production ever obtained at our institutions. (Egg production year starts on September 1 and ends on August 31.)

You will note from the above figures that three new records have been made, namely, increased milk production per cow, increased production of pork and an increase in production of eggs per hen.

Under conservation of food stuffs, we wish particularly to mention the amount of vegetables and fruit sent to the canning departments, amounting to 1,435,445 pounds.

On June 29, the Department, in co-operation with Dr. Fred F. Flanders, Chief of Laboratory of the Division on Administration and Finance, had its annual meeting of those who have to do with the canning of fruits and vegetables.

One important feature which was entirely new this year was to bring the engineers into the meeting and provide a man to demonstrate to them the way to operate the power sealer and they were made to adjust the rolls to make the proper hook in sealing the can. These engineers were given the responsibility of keeping the power sealers in proper condition for the rest of the time. This move has proved valuable and has resulted in cutting down the spoilage of canned goods to a minimum.

Also at this meeting we heard a very valuable paper written by Mr. Myron L. Marr, steward of the Gardner State Colony. Mr. Marr told of the work done at Gardner in 1932, when they canned 18,712 gallons and had a loss of only 2/10ths of one percent; he also stated that they buy no canned goods of the varieties that

they can at their institution. After examining the canned goods sent in from Gardner, Dr. Flanders pronounced them as good as any standard pack.

At this meeting each institution was given permission to ask questions concerning points that have been troublesome to them in their canning work. These questions were answered by Mr. Forristall or by Dr. Flanders. Quite often, the question was so interesting that round table discussion resulted and we found people from one institution answering some of the questions asked by another institution. All who attended the meeting agreed that it was of interest to them, and that forward steps had been made because of it.

In the year 1932 we started pressure cooling in the retorts but as it was a new idea, it did not go over 100%, but in 1933 it was generally accepted and more institutions have piped their retorts for this method of cooling.

Because there is sometimes an over production of early cabbage which cannot be carried through the winter and used in its natural state, we started the canning of cabbage and this has proved a success.

The year 1933 gave us an abundance of apples. Due to the lack of storage facilities, a great many of these apples were canned.

During the year, Dr. Flanders made several trips to the institutions and has assisted in overcoming canning troubles.

At the request of the Department of Agriculture, the Department of Mental Diseases occupied a large space in Exhibition Hall at the Brockton Fair and put on a farm exhibit, majoring in vegetables and fruit. The farms under the supervision of this Department co-operated in making this show a great success.

Last year we reported that the new pen barn and dairy at Worcester State Hospital was an efficient plant. We can go further and say that it has actually demonstrated that there is a great saving in preventing injuries to udders, hocks, and knees, and also in preventing spread of any disease of an infectious nature.

Respectfully submitted,

WARREN A. MERRILL,

Business Agent

FINANCIAL STATISTICS FOR THE YEAR ENDING NOVEMBER 30, 1933

TABLE 1. *Total Expenditures of Department and Institutions*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases.	\$214,011.08	\$61,574.36	—	\$275,585.44
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	148,659.28	62,894.08	—	211,553.36
Boston State Hospital	416,074.04	306,865.51	102,228.68	825,168.23
Danvers State Hospital	325,599.12	290,229.30	8,557.00	624,385.42
Foxborough State Hospital	203,175.92	144,271.57	9,591.31	357,038.80
Gardner State Colony	212,383.09	185,011.30	24,513.46	421,907.85
Grafton State Hospital	268,557.94	176,528.69	—	445,086.63
Medfield State Hospital	302,392.63	205,327.25	47,816.41	555,536.29
Metropolitan State Hospital	143,264.49	163,610.33	225,271.53	532,146.35
Northampton State Hospital	238,923.89	187,757.39	64,456.26	491,137.54
Taunton State Hospital	276,292.38	186,087.65	12,122.37	474,502.40
Westborough State Hospital	273,088.90	184,827.59	15,919.94	473,836.43
Worcester State Hospital	394,038.31	310,644.95	32,808.23	737,491.49
Monson State Hospital (epileptic)	257,852.43	165,045.57	83,662.62	506,560.62
Total Hospitals	\$3,460,302.42	\$2,569,101.18	\$626,947.81	\$6,656,351.41
<i>Schools for Mental Defectives:</i>				
Beichertown State School	\$202,247.68	\$158,360.51	\$78,106.87	\$438,715.06
Walter E. Fernald State School	298,067.79	216,117.53	110,890.90	625,076.22
Wrentham State School	240,198.88	191,786.87	61,164.13	493,149.88
Total Schools	\$740,514.35	\$566,264.91	\$250,161.90	\$1,556,941.16
Grand Total	\$4,414,927.85	\$3,196,840.45	\$877,109.71	\$8,488,878.01

¹Less Sales.TABLE 2. *Departmental Receipts and Expenditures*
Expenditures

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1933	Brought Forward From 1932 Appropriation	Total Available		
Personal Services	\$125,350.00	—	\$125,350.00	\$123,821.24	\$1,528.76
Expenses	17,900.00	\$374.76	18,274.76	15,467.80	2,806.96
Transportation	14,000.00	—	14,000.00	12,126.53	1,873.47
Persons Boarded in Family Care	3,000.00	—	3,000.00	2,961.16	38.84
Persons Boarded in Hospital Cottages	15,600.00	—	15,600.00	15,327.55	272.45
Investigation of Mental Diseases and Defects	84,200.00	4,004.84	88,204.84	84,784.89	3,419.95
Psychiatric Institute	30,000.00	144.02	30,144.02	21,144.41	8,999.61
Total	\$290,050.00	\$4,523.62	\$294,573.62	\$275,633.58	\$18,940.04

Receipts

Payable to State Treasurer:				
Licenses:				
Private Hospitals				\$925.00
Reimbursements for Services:				
Transportation			\$15.00	
Board in Family Care			181.29	
				196.29
Sales:				
Forms and Bulletins				48.14
Miscellaneous:				
Repairs to Car				3.50
Other Receipts:				
Interest on bank balance			35.04	
Refund on account of Previous Years			56.67	
				91.71
Total				\$1,264.64

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Costs — By Institutions*
(For detail of Net Expenses and Net Per Capita Cost see Table 4)

INSTITUTIONS	Amount Appropriated for 1933	Balance from 1932	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$209,287.50	\$6,957.63	\$216,245.13	\$211,662.92	\$109.56	\$211,553.36	\$73.90	\$54.901
Boston State Hospital	725,900.00	30,018.51	755,918.51	726,570.10	3,630.55	722,939.55	2,171.46	6.385
Danvers State Hospital	627,500.00	18,732.11	646,232.11	617,144.14	1,315.72	615,828.42	2,115.00	5.584
Foxborough State Hospital ¹	359,900.00	10,034.92	369,934.92	348,899.70	1,452.21	347,447.49	1,138.92	5.851
Gardner State Colony	414,000.00	11,197.19	425,197.19	400,942.77	3,548.38	397,394.39	1,393.77	5.468
Griffith State Hospital	458,475.00	5,728.65	464,203.65	446,859.78	1,773.15	445,086.63	1,411.38	6.048
Medfield State Hospital	530,000.00	18,056.68	548,056.68	523,047.12	15,327.24	507,719.88	1,789.28	5.484
Metropolitan State Hospital	348,600.00	11,129.59	359,729.59	322,101.51	15,226.69	306,874.82	1,215.50	4.842
Northampton State Hospital	442,735.00	12,426.15	455,161.15	427,577.80	896.52	426,681.28	1,749.30	4.678
Taunton State Hospital	459,900.00	24,867.41	484,767.41	464,637.92	2,257.89	462,380.03	1,554.77	5.724
Westborough State Hospital	460,300.00	5,160.54	465,460.54	460,569.86	2,653.37	457,916.49	1,517.23	5.788
Worcester State Hospital	707,800.00	39,941.10	747,741.10	706,842.24	2,158.98	704,683.26	2,243.44	6.024
Monson State Hospital (epileptic)	433,350.00	10,026.55	443,376.55	424,731.84	1,833.84	422,898.00	1,413.39	5.738
Total	\$6,177,747.50	\$204,277.03	\$6,382,024.53	\$6,081,587.70	\$52,184.10	\$6,029,403.60	19,787.34	\$5.849
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$371,100.00	\$3,671.09	\$374,771.09	\$361,661.84	\$1,053.65	\$360,608.19	\$1,235.11	\$5.599
Walter E. Fernald State School	533,650.00	13,924.33	547,574.33	516,049.89	1,864.57	514,185.32	1,738.45	5.672
Wrentham State School	443,080.00	9,493.00	452,573.00	433,142.09	1,156.34	431,985.75	1,684.05	4.919
Total	\$1,347,830.00	\$27,088.42	\$1,374,918.42	\$1,310,853.82	\$4,074.56	\$1,306,779.26	4,657.61	\$5.381
Grand Total	\$7,525,577.50	\$231,365.45	\$7,756,942.95	\$7,392,441.52	\$56,258.66	\$7,336,182.86	24,444.95	\$5.760

¹Receipts from Sales only.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$148,575.67	\$38.56	\$1,123.30	\$.29	\$4,441.53	\$1.15	\$20,780.67	\$5.39
Boston State Hospital	415,793.26	3.67	1,941.83	.02	6,049.85	.05	131,202.49	1.16
Danvers State Hospital	325,365.19	2.95	1,916.27	.02	7,549.72	.07	85,422.53	.77
Foxborough State Hospital	203,040.38	3.42	1,425.00	.02	5,151.82	.09	45,871.44	.77
Gardner State Hospital	212,232.38	2.92	1,338.50	.02	3,568.19	.05	41,143.79	.57
Grafton State Colony	268,565.25	3.65	1,368.00	.02	3,847.35	.05	50,796.21	.69
Medfield State Hospital	302,164.10	3.24	1,950.00	.02	4,658.60	.05	74,570.93	.80
Metropolitan State Hospital	143,161.70	2.26	1,542.00	.02	3,129.07	.05	75,706.70	1.19
Northampton State Hospital	238,762.34	3.42	1,312.32	.01	5,467.74	.06	70,194.01	.77
Taunton State Hospital	276,106.17	3.41	1,861.50	.02	5,035.04	.06	63,008.92	.78
Westborough State Hospital	272,908.84	3.45	1,384.00	.02	5,610.66	.07	62,661.13	.79
Worcester State Hospital	393,775.17	3.37	2,446.00	.02	9,086.32	.08	104,685.74	.89
Monson State Hospital (epileptic)	257,674.54	3.50	1,434.16	.02	4,106.76	.06	47,807.05	.65
Total	\$3,457,925.08	\$3.35	\$21,042.88	\$.02	\$67,702.65	\$.07	\$873,851.61	\$.85
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$202,109.29	\$3.14	\$1,426.25	\$.02	\$4,982.85	\$.08	\$48,173.21	\$.75
Walter E. Fernald State School	297,849.02	3.29	2,513.00	.03	6,266.18	.07	63,371.26	.70
Wrentham State School	240,027.25	2.73	1,647.25	.02	5,295.64	.06	69,107.55	.79
Total	739,985.56	\$3.05	\$5,586.50	\$.02	\$16,544.67	\$.07	\$180,652.02	\$.74
Grand Total	\$4,197,910.64	\$3.29	\$26,629.38	\$.02	\$84,247.32	\$.07	\$1,054,503.63	\$.83

TABLE 4. *Net Expenses for Maintenance and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses—By Institution—Continued*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$1,045.19	\$.27	\$3,868.79	\$1.00	\$14,429.57	\$3.74	\$10,568.96	\$2.74
Boston State Hospital	22,444.35	.20	29,749.01	.26	14,855.56	.13	76,963.61	.61
Danvers State Hospital	17,751.71	.16	31,742.99	.29	9,983.96	.09	87,338.79	.79
Foxborough State Hospital	9,731.53	.16	15,697.30	.26	6,306.92	.11	32,882.91	.55
Gardner State Colony	10,359.35	.14	13,810.10	.19	23,647.53	.33	51,333.32	.71
Grafton State Hospital	12,218.94	.17	17,855.79	.24	7,807.81	.11	41,514.61	.56
Medfield State Hospital	16,741.85	.18	11,620.64	.12	8,108.81	.09	44,647.74	.48
Metropolitan State Hospital	11,215.50	.18	4,146.38	.07	6,410.32	.10	44,944.06	.71
Northampton State Hospital	7,766.70	.09	19,651.92	.22	5,882.02	.06	44,225.11	.48
Taunton State Hospital	10,077.19	.12	19,028.63	.23	9,194.08	.11	36,275.16	.48
Westborough State Hospital	11,492.03	.15	18,622.60	.24	8,274.50	.10	38,765.30	.49
Worcester State Hospital	13,465.81	.12	23,238.03	.22	28,836.25	.25	82,654.08	.71
Monson State Hospital (epileptic)	10,156.61	.14	16,389.35	.22	5,226.85	.07	47,877.29	.65
Total	\$154,466.76	\$.15	227,421.53	\$.22	\$148,964.18	\$.14	\$639,990.94	\$.62
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$15,467.93	\$.24	\$15,523.74	\$.24	\$7,323.70	\$.11	\$28,497.19	\$.44
Walter E. Fernald State School	15,953.44	.18	20,926.17	.23	7,250.16	.08	57,748.62	.64
Wrentham State School	19,515.43	.22	15,254.10	.17	6,582.75	.07	29,884.73	.34
Total	\$50,936.80	\$.21	\$51,704.01	\$.21	\$21,156.61	\$.09	\$116,130.54	\$.48
Grand Total	\$205,403.56	\$.16	\$279,125.54	\$.22	\$170,120.79	\$.13	\$756,121.48	\$.59

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance-Expenses — By Institution — Concluded*

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$211.96	\$.06	\$2,733.30	\$.71	\$3,690.81	\$.96
Boston State Hospital	\$4,360.55	\$.04	2,923.28	.03	14,035.51	.12	2,339.47	.02
Danvers State Hospital	21,667.76	.20	4,477.23	.04	16,790.73	.15	5,587.61	.05
Foxborough State Hospital	14,531.39	.24	3,446.28	.06	6,494.46	.11	2,732.52	.05
Gardner State Colony	23,539.31	.32	3,022.40	.04	10,413.39	.14	2,655.42	.04
Grafton State Hospital	24,282.78	.33	2,982.05	.04	11,300.57	.15	2,554.58	.03
Medfield State Hospital	23,519.34	.25	3,572.52	.04	14,405.65	.15	1,531.17	.02
Metropolitan State Hospital	3,922.58	.06	5,788.97	.09	4,634.03	.07	2,170.72	.03
Northampton State Hospital	16,581.27	.18	2,908.97	.03	11,163.26	.12	2,604.07	.03
Taunton State Hospital	21,904.39	.27	2,621.29	.03	12,194.58	.15	4,886.87	.06
Westborough State Hospital	16,862.80	.21	4,617.18	.06	11,454.38	.14	5,083.01	.06
Worcester State Hospital	22,719.78	.19	5,839.19	.05	13,217.26	.11	2,456.49	.02
Monson State Hospital (epileptic)	17,496.77	.24	3,360.71	.05	7,833.76	.11	3,356.26	.05
Total	\$211,388.72	\$.20	\$45,952.03	\$.04	\$136,670.88	\$.13	\$41,649.00	\$.04
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$22,437.97	\$.35	\$4,159.38	\$.06	\$8,178.41	\$.13	\$2,189.88	\$.03
Walter E. Fernald State School	22,803.34	.25	3,514.51	.04	11,930.84	.13	3,840.01	.04
Wrentham State School	28,001.63	.32	3,579.55	.04	10,270.17	.12	2,648.07	.03
Total	\$73,242.94	\$.30	\$11,253.44	\$.05	\$30,379.42	\$.13	\$8,677.96	\$.04
Grand Total	\$284,631.66	\$.22	\$57,205.47	\$.04	\$167,050.30	\$.13	\$50,326.96	\$.04

TABLE 5. *Analysis of Pay Rolls — By Institution*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$8.49	\$9.92	\$.47	\$19.68	\$38.56
Boston State Hospital . . . . .	.31	1.75	.11	1.49	3.66
Danvers State Hospital . . . . .	.22	1.37	.06	1.30	2.94
Foxborough State Hospital . . . . .	.33	1.34	.09	1.64	3.40
Gardner State Colony . . . . .	.29	1.27	.11	1.23	2.91
Grafton State Hospital . . . . .	.32	1.32	.08	1.93	3.63
Medfield State Hospital . . . . .	.25	1.39	.09	1.50	3.23
Metropolitan State Hospital . . . . .	.20	.84	.04	1.18	2.24
Northampton State Hospital . . . . .	.22	1.13	.04	1.22	2.60
Taunton State Hospital . . . . .	.33	1.44	.07	1.56	3.40
Westborough State Hospital . . . . .	.31	1.33	.07	1.73	3.44
Worcester State Hospital . . . . .	.29	1.53	.08	1.45	3.35
Monson State Hospital (epileptic) . . . . .	.32	1.55	.06	1.55	3.49
Averages	\$.31	\$1.41	\$.08	\$1.54	\$3.34
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.28	\$1.20	\$.21	\$1.44	\$3.12
Walter E. Fernald State School . . . . .	.28	1.40	.32	1.28	3.28
Wrentham State School . . . . .	.22	1.28	.23	.99	2.72
Averages	\$.26	\$1.30	\$.26	\$1.21	\$3.03
Grand Averages	\$.30	\$1.39	\$.11	\$1.48	\$3.28

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.63	2.56	1.19	1.46	1.86
Boston State Hospital	1.59	1.90	1.37	1.65	1.78
Danvers State Hospital	1.31	1.73	1.20	1.63	1.67
Foxborough State Hospital	2.19	1.69	1.40	1.52	1.62
Gardner State Colony	1.43	1.82	1.47	1.29	1.59
Grafton State Hospital	1.36	1.81	1.43	1.39	1.58
Medfield State Hospital	1.29	1.84	1.16	1.50	1.67
Metropolitan State Hospital	3.40	1.74	1.20	1.79	1.80
Northampton State Hospital	1.44	2.11	1.21	1.58	1.86
Taunton State Hospital	1.60	2.11	1.36	1.49	1.84
Westborough State Hospital	1.56	2.10	1.44	1.57	1.82
Worcester State Hospital	1.23	2.46	1.31	1.54	2.05
Monson State Hospital (epileptic)	1.35	1.80	1.25	1.39	1.61
Average	1.56	1.98	1.33	1.53	1.76
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.16	1.92	1.61	1.34	1.66
Walter E. Fernald State School	1.41	1.73	1.44	1.39	1.59
Wrentham State School	1.23	2.08	1.53	1.56	1.88
Average	1.28	1.91	1.51	1.42	1.70
Total Average	1.52	1.96	1.41	1.51	1.75

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1933	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
<i>Boston Psychopathic Hospital</i>								
<i>Boston State Hospital</i>								
Employees' Building, Greenhouse, etc.	115	1930	\$158,000.00	—	—	—	—	—
Erection of Fence	460	1931	5,000.00	—	\$159,588.07	—	\$159,588.07	\$3,411.93
Reception Building	245	1931	15,000.00	—	14,997.20	—	14,997.20	2.80
<i>Danvers State Hospital</i>	268	1931	400,000.00	—	377,729.00	\$15,389.42	393,118.42	6,881.58
Officer's Cottage	115	1930	6,000.00	—	8,683.38	260.37	8,943.75	56.25
Renovation of Rear Center	14	1931	3,000.00	—	—	—	—	—
	115	1930	200,000.00	—	—	—	—	—
	245	1931	122,000.00	—	335,691.73	857.62	336,549.35	450.65
X-ray Equipment	170	1932	15,000.00	—	3,929.11	—	3,929.11	70.89
Purchase of Land	245	1931	4,000.00	—	122.79	—	122.79	27.21
<i>Pedborough State Hospital</i>	460	1931	150.00	—	—	—	—	—
Furnishing Farm Dormitory	170	1932	10,000.00	—	8,873.13	805.49	9,678.62	321.38
Boiler Settings	174	1933	—	\$3,000.00	—	2,977.76	2,977.76	22.24
Furnishing Nurses' Home	245	1931	4,600.00	—	4,588.35	—	4,588.35	11.65
Replace Stairs, Install Grilles	14	1931	4,700.00	—	4,665.62	—	4,665.62	34.38
Renovation Ward C	1	1931	—	—	—	—	—	—
	460	1931	7,000.00	—	6,999.37	—	6,999.37	.63
Verandas Female Ward Building	115	1930	35,000.00	—	32,461.31	1,993.82	34,455.13	\$54.87
Power Equipment	*170	1932	—	—	—	—	—	—
	386	1929	9,000.00	—	8,813.04	69.00	8,882.04	117.96
	*245	1931	—	—	—	—	—	—
<i>Gardner State Colony</i>								
Furnishing Hospital Building	245	1931	9,300.00	—	8,692.47	587.85	9,280.32	19.68
Coal Trestle	245	1931	10,000.00	—	9,829.00	—	9,829.00	171.00
Employees' Cottage	245	1931	14,000.00	—	10,483.47	3,429.94	13,913.41	86.59
Additional Sewage Disposal	245	1931	12,250.00	—	8,665.21	3,577.52	12,242.73	7.27
New Heating Plant, Equipment	269	1931	150,000.00	—	149,580.63	—	149,580.63	419.37
<i>Grafton State Hospital</i>								
Sun Porch — Pines D	146	1929	10,000.00	—	17,631.69	—	17,631.69	368.31
Renewing Steam Lines	245	1931	8,000.00	—	52,999.25	—	52,999.25	.75
	245	1931	53,000.00	—	—	—	—	—

[illegible]

***Balance Reappropriated.**

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Continued

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1933	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
<i>Monson State Hospital</i>								
Sewer Beds	170	1932	6,000.00	—	—	5,661.55	5,661.55	338.45
Furnishing Reception Building and Nurses' Home	245	1931	17,500.00	—	15,948.44	1,455.78	17,404.22	95.78
Infirmary Building and Furnishings	268	1931	150,000.00	—	—	—	—	—
Reception Building	115	1930	5,000.00	—	147,113.99	6,632.59	153,746.58	1,253.42
Heating Plant, Equipment, Side Track	268	1931	100,000.00	—	99,996.35	—	99,996.35	3.65
Total			\$7,638,000.00	\$81,000.00	\$7,419,855.11	\$213,212.66	\$7,633,067.77	\$85,932.23
<i>SCHOOLS FOR MENTAL DEFECTIVES</i>								
<i>Bachertown State School</i>								
Furnishing and Equipping Nursery Building No. 2	268	1931	\$5,000.00	—	\$4,048.38	\$724.10	\$4,772.48	\$227.52
Laundry Equipment and Alterations	*371	1933	—	—	—	7,549.51	7,549.51	1,850.49
Furnishing Officers' Apartments	115	1930	2,000.00	—	544.56	1,313.64	1,858.20	141.80
New Boiler	245	1931	13,000.00	—	—	—	—	—
Walks and Grading	245	1931	15,000.00	—	26,330.12	1,550.00	27,880.12	119.88
Wells, Standpipe and Sludge Beds	245	1931	5,000.00	—	4,991.69	6.91	4,998.60	1.40
Schoolhouse, Assembly Hall, etc.	245	1931	5,000.00	—	20,081.50	—	20,081.50	18.50
Employees' Cottage	307	1932	163,000.00	—	168,094.51	8,065.21	176,159.72	1,120.28
Furnishing and Equipment — New Buildings	268	1931	14,280.00	—	31,640.19	—	31,640.19	859.81
Industrial Building and Furnishings	268	1931	5,000.00	—	17,968.23	31.77	18,000.00	—
Equipment — Industrial Building	269	1931	52,000.00	—	49,395.85	2,265.85	51,661.70	1,338.30
Additional Tunnels	268	1931	1,000.00	—	4,710.02	288.00	4,998.02	1.98
Nursery Building	268	1931	5,000.00	—	38,250.13	3,573.11	41,823.24	176.76
<i>Walter E. Fernald State School</i>	268	1931	42,000.00	—	58,975.73	23.16	58,998.89	1.11
Water Supply — Templeton Colony	170	1932	\$1,000.00	—	\$576.95	—	\$576.95	\$423.05
Sprinklers	245	1931	2,800.00	—	1,982.00	—	1,982.00	818.00
Building Contagious Hospital	245	1931	15,000.00	—	8,237.07	\$6,418.44	14,635.51	344.49
Furnishing New Buildings	245	1931	36,000.00	—	20,435.74	14,540.52	34,976.26	1,023.74

Employees' Quarters	115	1930	40,000.00	-	39,576.88	17.53	39,594.41	405.59
Extension Hot Water Lines	*170	1932	12,500.00	-	-	-	-	-
Equipment Heating Plant	146	1929	5,000.00	-	16,648.84	686.34	17,335.18	164.82
Furnishing Kitchen and Dining Room	245	1931	5,000.00	-	55,310.13	1,430.31	56,740.44	3,259.56
Walls and Roads	245	1931	38,000.00	-	37,770.24	2,556.92	37,770.24	229.76
Additional Land	245	1931	5,000.00	-	2,172.11	-	4,729.03	270.97
Infirmary Building	245	1931	26,000.00	-	25,632.59	-	25,632.59	367.41
Employees' Dormitory	269	1931	154,000.00	-	148,461.46	641.03	149,102.49	4,897.51
Nursery Building	268	1931	152,436.75	-	151,311.20	19.36	151,330.56	1,106.19
Assembly Building	268	1931	89,000.00	-	58,235.62	707.19	58,942.81	57.19
Two Schoolrooms	268	1931	89,000.00	-	79,814.59	116.50	79,931.09	68.91
<i>Wrentham State School</i>			25,000.00	-	22,555.42	-	22,555.42	2,444.58
Furnishing Service Building	245	1931	13,000.00	-	12,902.18	89.87	12,992.05	7.95
Furnishing Nursery Building	245	1931	6,000.00	-	5,755.70	-	5,755.70	244.30
New Roof for Boiler Building	371	1933	-	\$10,700.00	-	-	-	10,700.00
Purchase of Land	115	1930	10,000.00	-	-	-	-	10,000.00
Power Equipment	*170	1932	20,000.00	-	3,633.22	-	3,633.22	16,366.78
Additional Wells	386	1929	5,500.00	-	2,200.35	2,650.00	4,850.35	649.65
Additional Sewer Beds	*245	1931	15,000.00	-	12,148.32	2,851.68	15,000.00	-
Infirmary Building	268	1931	150,000.00	-	147,028.99	843.39	147,872.38	2,127.62
Furnishing New Buildings	268	1931	112,500.00	-	112,433.48	-	112,433.48	66.52
Furnishing Plant, Equipment	268	1931	20,000.00	-	8,537.24	11,112.23	19,649.47	350.53
Tunnels	268	1931	24,300.00	-	-	-	-	24,300.00
Officers' Cottage	268	1931	15,000.00	-	14,521.94	63.56	14,585.50	414.50
Ovens and Bakery	268	1931	9,000.00	-	8,983.62	15.42	8,999.04	96
<i>New School for Feeble-minded</i>	69	1932	8,800.00	-	8,770.44	-	8,770.44	29.56
Total	115	1930	50,000.00	-	12,018.50	-	12,018.50	112,981.50
Grand Total	460	1931	75,000.00	-	\$1,442,685.73	\$70,151.55	\$1,512,837.28	\$199,979.47
			\$1,702,116.75	\$10,700.00	\$8,862,540.84	\$283,364.21	\$9,145,905.05	\$285,911.70

*Balance Reappropriated.

†Transferred to Furnishing and Equipment — Nursery Building, \$2,000.

‡Transferred to Furnishing and Equipment — Nursery Building, \$3,000.

§Transferred to New Roof for Boiler Building \$10,700.

TABLE 8. *Receipts from Paying Patients — By Institutions*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	2	\$8,623.94	\$4,311.97
Boston State Hospital	243	82,783.69	340.67
Danvers State Hospital	344	106,076.46	308.36
Foxborough State Hospital	148	52,720.45	356.22
Gardner State Colony	75	30,439.89	405.87
Grafton State Hospital	57	22,049.77	386.84
Medfield State Hospital	88	35,392.20	402.18
Metropolitan State Hospital	104	30,440.88	292.70
Northampton State Hospital	313	94,107.83	300.66
Taunton State Hospital	160	58,421.66	365.14
Westborough State Hospital	342	129,474.20	378.58
Worcester State Hospital	192	74,665.22	388.88
Monson State Hospital (epileptic)	73	17,816.51	244.06
Total	2,141	\$753,012.70	\$351.71
<i>Schools for Mental Defectives:</i>			
Belchertown State School	34	\$6,276.03	\$184.59
Walter E. Fernald State School	93	22,675.32	243.82
Wrentham State School	65	8,892.09	136.80
Total	192	\$37,843.44	\$197.10
Family Care	2	\$181.29	\$90.64
State Farm*	9	5,715.93	635.10
State Infirmary*	14	1,928.28	137.73
Hospital Cottages for Children*	1	—	—
Total	26	\$7,825.50	\$300.98
Grand Total.	2,359	\$798,681.64	\$338.57

*The State Farm which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the Statutes in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. *Trust Funds — By Institutions*
(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1932	Received during Year	Payments	On Hand November 30, 1933
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$405.18	\$1.99	—	\$407.17
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,325.36	78.62	\$132.37	1,271.61
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,808.17	153.44	19.43	4,942.18
Worcester State Hospital	4,390.76	123.75	70.62	4,443.89
Monson State Hospital (epileptic)	—	—	—	—
Total	\$10,929.47	\$357.80	\$222.42	\$11,064.85
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$77,495.40	\$13,800.91	\$3,454.90	\$87,841.41
Wrentham State School	1,655.50	133.76	32.41	1,756.85
Total	\$79,150.90	\$13,934.67	\$3,487.31	\$89,598.26
Grand Total	\$90,080.37	\$14,292.47	\$3,709.73	\$100,663.11

TABLE 10. Value of Farm and Garden Products per Acre under Cultivation — By Institution

INSTITUTIONS	Acres in Garden and Root Crops	Value of Garden and Root Crops	Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	.	.	.	.	.	.	—	—	—
Boston State Hospital	40.25	\$6,327.02	\$157.19	53.20	\$990.00	\$18.60	—	—	—
Danvers State Hospital	102.50	14,164.02	138.18	107.00	5,749.43	53.73	41.00	\$3,965.20	\$96.71
Foxborough State Hospital	45.00	11,536.33	256.36	6.00	169.29	28.21	—	—	—
Grafton State Colony	81.00	15,153.28	187.07	149.20	4,710.00	31.56	35.00	2,430.00	69.42
Medfield State Hospital	73.55	12,268.13	166.79	42.57	2,797.02	65.70	29.88	1,921.66	64.31
Metropolitan State Hospital	67.00	11,984.80	178.87	85.00	3,674.24	43.22	33.00	3,299.99	99.99
Northampton State Hospital	50.00	6,034.75	120.69	—	—	—	—	—	—
Taunton State Hospital	52.00	9,898.27	190.35	104.00	6,841.51	65.78	30.00	3,016.44	100.54
Westborough State Hospital	61.75	9,735.65	157.66	52.00	2,571.51	49.45	28.00	2,562.28	91.51
Westborough State Hospital	46.00	10,846.05	235.78	103.00	5,321.30	51.66	44.00	3,934.00	89.40
Worcester State Hospital	93.00	14,020.39	150.75	20.00	1,902.15	95.10	35.00	3,150.00	90.00
Monson State Hospital (epileptic)	59.00	6,939.13	117.61	36.07	1,783.99	49.45	20.00	1,716.60	85.83
Total	771.05	\$128,907.82	\$167.18	758.04	\$36,510.44	\$48.16	295.88	25,996.17	\$87.86
<i>Schools for Mental Defectives:</i>									
Belchertown State School	61.00	\$9,193.28	\$150.70	4.00	\$540.00	\$135.00	25.00	\$2,590.00	\$103.60
Walter E. Fernald State School	111.50	26,852.12	240.82	69.00	3,290.95	47.69	5.00	704.61	140.92
Wrentham State School	76.30	12,049.87	157.51	46.00	2,512.45	50.27	27.00	2,800.00	103.70
Total	249.00	\$48,095.27	\$193.15	119.00	\$6,143.40	\$51.62	57.00	\$6,094.61	\$106.92
Grand Total	1,020.05	\$177,003.09	\$173.53	877.04	\$42,653.84	\$48.63	352.88	\$32,090.78	\$90.93

TABLE 11. *Value of Farm Products — By Institution*

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Fork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	—	—	—	\$1,160.00	—	—	—	—	—	\$12,398.50
Boston State Hospital	\$6,327.02	—	—	10,243.80	\$39,387.62	\$6,088.31	—	\$4,911.48	—	82,550.86
Danvers State Hospital	11,107.20	2,560.15	\$624.37	8,354.63	15,731.25	3,205.60	—	7,503.96	\$2,002.39	37,511.05
Foxborough State Hospital	6,505.71	5,030.62	557.30	204.85	35,856.60	3,260.98	—	4,266.80	3,395.33	72,270.68
Gardner State Colony	11,043.29	3,728.36	1,468.03	8,354.63	36,172.95	4,606.00	—	4,642.32	2,031.47	71,958.82
Grafton State Hospital	8,603.82	2,408.58	4,321.77	6,391.29	41,572.49	2,913.98	—	6,640.44	1,130.03	72,844.94
Medfield State Hospital	9,708.64	2,276.16	2,315.43	7,045.86	—	—	—	4,245.52	1,206.72	6,207.93
Metropolitan State Hospital	6,034.75	—	73.18	100.00	31,915.60	4,363.30	—	8,326.16	1,176.17	69,557.85
Northampton State Hospital	8,827.63	1,070.64	2,148.90	9,857.95	25,412.60	5,348.07	—	6,645.19	9,29.61	56,956.25
Taunton State Hospital	7,488.51	1,623.14	1,458.44	5,947.17	31,642.53	—	—	6,214.04	1,006.34	62,244.94
Westborough State Hospital	8,828.35	2,017.70	2,529.78	10,006.20	39,277.53	—	—	3,293.51	1,405.01	63,737.14
Worcester State Hospital	11,006.01	2,302.18	130.20	6,322.70	—	—	—	3,563.76	1,415.94	45,423.35
Monson State Hospital	4,508.93	2,430.20	1,372.33	3,540.34	28,591.85	—	—	—	—	—
Total	\$99,989.86	\$25,447.73	\$16,999.93	\$69,174.79	\$325,561.02	\$29,876.24	\$13,840.55	\$60,073.18	\$12,699.01	\$653,662.31
<i>Schools for Mental Defectives:</i>										
Belchertown State School	\$7,241.78	\$1,663.50	\$2,191.43	\$3,418.00	\$28,027.13	\$5,248.63	\$2,642.43	\$2,709.12	\$619.25	\$53,761.27
Walter E. Fernald State School	21,929.20	4,022.92	6,377.25	4,085.26	39,131.85	—	—	1,548.80	1,765.82	79,761.10
Wrentham State School	8,222.57	3,534.30	3,604.74	5,707.72	35,461.88	5,674.87	3,079.66	3,953.44	199.61	69,438.79
Total	\$37,393.55	\$10,120.72	\$12,173.42	\$13,210.98	\$102,620.86	\$10,923.50	\$5,722.09	\$8,211.36	\$2,584.68	\$202,961.16
Grand Total	\$137,383.41	\$35,568.45	\$29,173.35	\$82,385.77	\$428,181.88	\$40,799.74	\$19,562.64	\$68,284.54	\$15,283.69	\$856,623.47

REPORT OF THE PATHOLOGIST

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-fifth report of the Pathologist and the twenty-fourth to cover a full year's work.

GENERAL.

Since Dr. Marjorie Fulstow left in September, 1931, and until July, 1933, the work of the Pathologist to the Department of Mental Diseases has been carried on by Dr. Myrtelle M. Canavan. With her previous long experience in this capacity Dr. Canavan maintained the office with exceptional efficiency and skill.

Psychopathic. — During the past year 28 deaths occurred in the Psychopathic, of which 21 came to autopsy. Two of these were released to the Medical Examiner and nineteen performed within the hospital. The facilities for performing post mortem examinations and the assistance given by the clinical staff are very satisfactory.

Boston State. — The pathologist at this hospital, Dr. Naomi Raskin, continues in performing a large number of autopsies. An extremely interesting paper was read by Dr. Raskin before the Boston Society of Psychiatry and Neurology in November 1933 on her findings in the hypothalamus in the different types of psychoses.

Danvers. — Dr. Charles C. Joyce has instituted many improvements in the morgue in this institution. Under his charge the work of the X-ray department and laboratory runs smoothly. His assistance, as well as that of the other members of the staff, is of great help in the investigations of the visiting pathologist.

Foxborough. — Foxborough with the autopsy room opening off the laboratory and the ice cooled chamber for the bodies nearby provides a great convenience for pathological work. Dr. David Rothschild continues his studies on the cerebrospinal fluid barrier in the various types of psychoses.

Gardner. — Gardner with its large and well-equipped autopsy room is an ideal place for pathological study. The members of the staff extend every courtesy to your pathologist. Their interest is, I think, well demonstrated by the fact that the autopsy rate is as high as 27%, even though there is no resident pathologist.

Grafton. — Until the completion of the new building with cooling chamber and autopsy room, post mortem study is of necessity very much limited. The material at hand should prove valuable for detailed examination when the completed plans are carried out.

Medfield. — Dr. Vincente A. Navarro continues to do most of the pathological work of this hospital, as well as clinical work. The morgue and its equipment is very satisfactory and every help is given by the staff in the investigations conducted here.

Monson. — The new laboratory and morgue in this hospital is well planned for the convenience of the pathologist. The cooling chamber communicating directly with the autopsy room and the laboratory on the opposite side of the corridor is a distinct advantage over the old system.

Northampton. — Northampton is provided with adequate facilities for the carrying out of pathological investigations and every effort is made by the staff in giving assistance to the Department's Pathologist.

Taunton. — Dr. Henderson was appointed to the position of pathologist to this hospital to succeed Dr. Williams, who is at present studying Neuropathology in Europe. Many interesting conditions have been found at autopsy in this hospital and the photographic records of these made by the pathologist are a valuable addition to the autopsy protocols.

Westborough. — The laboratory under the direction of Dr. Lydia B. Pierce runs in an eminently satisfactory manner. The assistants are well trained, the morgue well equipped and no delays are met with in carrying out the pathological investigations for the reports to the Department.

Worcester. — The autopsy percentage (76%) for this hospital heads that of all those in the Department of Mental Diseases. Dr. William Freeman published a paper on the pathologists' duty towards obtaining permission for autopsy and one supposes that the application of this combined with the tact and courtesy of the clinical staff has resulted in this increase. The autopsies are well attended by the

staff and present much interesting material for study and discussion of clinico-pathological correlations.

Wrentham. — An autopsy room is nearing completion in this hospital. In the meantime the existing conditions are made as comfortable as possible and valuable help is given by the staff. The material presented at autopsy is extremely interesting.

Belchertown. — Much new equipment has been added for the convenience of the pathologist in this hospital. The lack of a cooling chamber for the bodies is sometimes felt but in other respects the autopsies can be carried out with considerable facility.

Fernald School. — The staff in this hospital cooperate in the performance of the pathologist's duties in a very agreeable manner. The equipment is up to date though the lack of an ice cooled chamber for the bodies is felt here also.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies

Since the establishment of the Pathological Service July 1, 1914 to November 30, 1933, 2,899 autopsies have been performed. The protocols containing complete objective descriptions have been typed and bound up to and including November 28, 1932.

During the year ending November 30, 1932, 90 autopsies have been done. A few of these were done to fill in for hospital pathologists temporarily away or because there was no resident pathologist, but the greater part were done to certify cause of death in sudden or unexpected termination to life.

Boston Psychopathic Hospital	19	Medfield State Hospital	3
Danvers State Hospital	12	Walter E. Fernald State School	3
Worcester State Hospital	11	Northampton State Hospital	3
Boston State Hospital	8	Taunton State Hospital	3
Gardner State Colony	6	Monson State Hospital	2
Westborough State Hospital	5	McLean Hospital	2
Metropolitan State Hospital	5	Belchertown State School	2
Foxborough State Hospital	4	Wrentham State School	2

Total 90

Besides these 90 autopsies, 141 other calls to investigate sudden deaths were advised. Some of these were down by proxy, when time did not permit reaching the hospital; (occasionally a notification was forgotten).

Proportion of Autopsies to Deaths in Institutions

	<i>Deaths</i>	<i>Autopsies</i>	<i>Per Cent</i>
Worcester State Hospital	246	188	76
Boston Psychopathic Hospital	28	21	75
Boston State Hospital	268	114	42
Taunton State Hospital	198	80	40
Hospital Cottages for Children	3	1	33
Metropolitan State Hospital	15	5	33
Medfield State Hospital	117	37	32
Monson State Hospital	103	30	29
Gardner State Colony	52	14	27
Foxborough State Hospital	99	25	25
Veterans' Hospital — Bedford	12	3	25
State Infirmary, Mental Wards	33	7	21
Belchertown State School	11	2	18
Westborough State Hospital	179	31	17
Danvers State Hospital	256	33	13
Walter E. Fernald State School	23	3	13
Veterans' Hospital — Northampton	8	1	12
Northampton State Hospital	132	14	11
Wrentham State School	35	2	6
Grafton State Hospital	68	0	0
Totals	1,886	611	32

Total number of deaths in State Hospitals in Massachusetts in 1933, fiscal year	1,886
Total number of autopsies performed (32%)	611
(a) By laboratories independent of Department	523
(b) Department	88

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1933:

Sudden deaths reported to Department	232
Number autopsied	91
Number autopsied by service	62

Analysis of the Autopsied Sudden Death Cases in 1933

Acute infection	28	Pulmonary tuberculosis	3
Arteriosclerosis	28	Pulmonary infarct	3
Complicated by fractures	22	Peritonitis	3
Organic heart disease	21	Traumatism by assault	3
Chronic nephritis	12	Brain tumor (meningioma)	2
Intracranial hemorrhage	11	Asphyxiation (epileptic)	2
Cerebral oedema	7	Ruptured heart	2
Fractures	5	Premature birth	1
Suicide	5	Alcoholism	1
General Paresis of Insane	4	Malignant tumor	1
Foreign body in larynx	3	Aneurysm	1

The sudden deaths in the State Hospitals in twenty years are herewith presented (either autopsied or non-autopsied):—

Year	Deaths	Year	Deaths	Year	Deaths	Year	Deaths
1914	69	1919	77	1924	121	1929	148
1915	85	1920	84	1925	129	1930	170
1916	74	1921	87	1926	136	1931	175
1917	83	1922	89	1927	126	1932	215
1918	117	1923	122	1928	177	1933	232

a total of 2,516 of which there have been 1,115 autopsied or 44%.

Analysis of Autopsies of Sudden Death Cases

Two hundred and thirty-two deaths were reported to the Department in 1933, exceeding by 17 the previous number of 215 in 1932. The exogenous causes total 41 in actual or complicating factors (fractures 5, associated with fractures 22, suicide 5, foreign body in larynx 3, traumatism by assault 3, asphyxiation (epileptic) 2, alcoholism 1).

Arteriosclerosis was a major cause in 28 and perhaps can be accounted for by the fact that 56% of these autopsied sudden deaths were over 60 years of age. Organic heart disease is high associated as it was in many cases with coronary disease. As usual acute infection stands high in the list. Under the heading of Intracranial hemorrhage are included extradural, subdural, subarachnoid and intracerebral; Trauma and Arteriosclerosis of course play a major role in the production of these hemorrhages.

Suicides in State Hospitals

Year	Suicides	Year	Suicides	Year	Suicides	Year	Suicides
1914	9	1919	13	1924	10	1929	13
1915	6	1920	13	1925	15	1930	13
1916	9	1921	12	1926	14	1931	26
1917	12	1922	10	1927	19	1932	23
1918	18	1923	14	1928	19	1933	13

Analysis of Suicides Autopsied and Non-Autopsied

Thirteen suicides occurred in 1933 — a decrease of 10 from the number that occurred in 1932. This figure includes those who made the attempt before admission and died in the hospitals, those that occurred while on leave from the hospitals and those that occurred in the hospitals. Seven of the thirteen were of the female sex and six, male. Ages varied from 21 to 66. Five died from the effects of sus-

pension, three plunged from heights, two drowned themselves, one died from taking rat poison containing arsenic and copper, one by a barbituric acid derivative and one from a cut throat. Four were diagnosed manic depressive, four undiagnosed, two dementia praecox, one involuntional melancholia, one encephalitis, one epilepsy.

Casualties

Though the casualties for 1933 show a decrease over those of the previous year, the figure is still considerably higher than any year preceding 1932. It is satisfactory to note that the decrease is most marked in the total of severe accidents, especially in the fractures and dislocations. The less severe injuries also show a slight decrease.

Casualties in State Hospitals

<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>
1914 . . .	346	1919 . . .	208	1924 . . .	297	1929 . . .	503
1915 . . .	320	1920 . . .	240	1925 . . .	275	1930 . . .	557
1916 . . .	304	1921 . . .	257	1926 . . .	351	1931 . . .	537
1917 . . .	237	1922 . . .	258	1927 . . .	314	1932 . . .	688
1918 . . .	221	1923 . . .	292	1928 . . .	387	1933 . . .	667

INVESTIGATIONS

During the year Dr. Myrtelle M. Canavan and Miss Rosamund Clarke have been making a second study of the mental health of the offspring of dementia praecox patients. Ten years have elapsed since the original study was published in the *Journal of Mental Hygiene* 1923 (First Quarter). The results will be of interest, although but a fraction of the original group have been relocated. Dr. Canavan and Miss Clarke will report their findings when completed.

A patient giving evidence post mortem of a prepernicious anemia involvement of the spinal cord has stimulated interest in inquiring how many such might have occurred in the autopsy service. Dr. Canavan is generously devoting part of her time to a review of the spinal cord sections on file, with the assistance of your pathologist. It is thought that in certain patients with terminal toxæmias the somewhat obscure changes of reflexes that occur might be masked by the mental symptoms. Autopsy 1933.17 (diagnosed "Paranoid Condition") showed lateral and posterior tract involvement. Autopsy 1933.34 (mentally — "Undiagnosed") had marked changes in the same tracts. In this case relationship between an industrial accident and death was alleged but pathological findings did not substantiate this. Autopsy 1933.41 (diagnosed "Psychosis with Other Brain or Nervous Disease") also showed spinal cord changes.

Dr. Blanche B. Daly and Dr. Merrill Moore are collaborating with your pathologist on a research study associated with intracranial hemorrhage.

Autopsy 1933.8 may be mentioned because of the confusion of diagnosis. A brain tumor was found in this case which had previously been diagnosed as psychosis with cerebral arteriosclerosis. Presumably the moderate degree of arteriosclerosis which was present had blurred the local signs of tumor.

Autopsy 1933.27 was interesting showing as it did an infection from a paracental abscess with extension through the skull and meningitis — ascending infection through or with the facial vein.

The following table shows the routine of the investigative staff of the Department:

Visits to institutions	208
Autopsies in cases of sudden deaths	91
Severe injuries in institutions	536
Less severe injuries	291
Total injuries	827
Publications by state officers	41

TABLE A. — *Casualties arranged by Institutions*

	Males	Females	Patients	Accidents	Injuries
Northampton Hospital	39	35	74	75 ^{1, 8}	94
Walter E. Fernald State School	51	13	64	65 ¹	76
Danvers Hospital	25	29	54	54 ⁷	70
Worcester Hospital	25	29	54	55 ^{1, 7}	66
Veterans' Hospital, Bedford	49	0	49	57 ^{2, 3, 5}	63
Veterans' Hospital, Northampton	42	0	42	50 ^{2, 8}	59
Monson Hospital	18	24	42	43 ¹	55
Medfield Hospital	12	17	29	30 ^{1, 7}	42
Westborough Hospital	14	23	37	37	42
Wrentham State School	23	7	30	32 ⁴	42
Foxborough Hospital	11	13	24	26 ⁴	33
Gardner Colony	13	10	23	23	33
Belchertown State School	19	5	24	25 ¹	30
Metropolitan Hospital	13	10	23	23	29
Boston Hospital	8	12	20	20	27
Taunton Hospital	7	11	18	18	23
McLean Hospital	4	5	9	9	13
Grafton Hospital	6	4	10	10	10
Boston Psychopathic Hospital	2	2	4	5 ¹	9
State Infirmary, Mental Wards	2	6	8	8	9
Channing Sanitarium	1	0	1	1	1
Hospital Cottages for Children	1	0	1	1	1
Totals	385	255	640	667	827

¹Two accidents to one patient.²Three accidents to one patient.³Four accidents to one patient.⁴Two accidents to two patients.⁵Two accidents to three patients.⁶Two accidents to six patients.⁷Accident prior to admission.⁸Five accidents prior to admission.TABLE B. — *Casualties arranged by Institutions and Severity of Injury*

	Fractures	Dislocations	Gun-shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	6	—	—	—	6	3
Boston Hospital	22	1	—	—	23	4
Danvers Hospital	54	3	—	6	63	7
Northampton Hospital	39	2	—	11	52	42
Taunton Hospital	18	—	—	1	19	4
Westborough Hospital	37	2	—	—	39	3
Worcester Hospital	50	1	—	3	54	12
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	4	1	—	2	7	3
Medfield Hospital	26	1	—	5	32	10
Gardner Colony	21	1	—	2	24	9
Foxborough Hospital	20	—	—	3	23	10
State Infirmary, Mental Wards	8	—	—	1	9	—
Metropolitan Hospital	10	—	—	2	12	17
<i>Institutions for the Feeble-Minded</i>						
Walter E. Fernald School	33	—	—	5	38	38
Wrentham School	21	2	—	—	23	19
Belchertown School	27	—	—	2	29	1
<i>Special Public Institutions</i>						
Monson Hospital	40	5	—	3	48	7
Veterans' Hospital — Bedford	8	—	—	4	12	51
Veterans' Hospital — Northampton	9	—	—	3	12	47
<i>Special Private Institutions</i>						
McLean Hospital	8	—	—	1	9	4
Hospital Cottages for Children	1	—	—	—	1	—
Channing Sanitarium	—	—	—	1	1	—
Totals	462	19	—	55	536	291

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Respectfully submitted,

ANNA M. ALLEN,

Assistant Pathologist.

REPORT OF THE SOCIAL SERVICE DIVISION

To the Commissioner of the Department of Mental Diseases:

While the continuance of the general economic situation naturally affects the full functioning of our Social Service Division and makes it almost prohibitive to even plan future developments, it is most gratifying to be able to report that the Division is in fairly good condition. Such curtailments as have been necessary seem not to have seriously interfered with the main functions of the Division.

In some hospital social service departments, traveling expenses have been curtailed to the point where supervision and placement service have been reduced. From another viewpoint, social service reports indicate that placements of patients in the community are becoming increasingly difficult because of unemployment and its attendant evils. In many cases, relatives or friends of patients are financially unable to support themselves and often are recipients of public or private aid and cannot, obviously, take into their homes relatives who are economically dependent.

One might well question the ethics or wisdom of returning mentally handicapped persons to communities in which they cannot compete successfully with other persons who are not thus handicapped.

On the other hand, recovered patients are entitled to normal community life and state hospitals are not designed for the purpose of giving continuous care to those who have recovered from an attack of mental illness. One wonders if a partial solution may not be found in an extension of our Family Care system that might make it possible to render State financial assistance to those relatives of patients who are unable to receive them solely because of inadequate finances. Such a procedure would be considered only in very special cases, following a social investigation and would be discontinued as soon as the family was on a fairly secure financial basis. Service of this kind should perhaps be regarded as a temporary or emergency measure as the possibility of establishing a somewhat dangerous precedent is more or less apparent.

One of the more outstanding activities of the Social Service Division has been the regular conference work, established for the purpose of standardizing the social service connected with the Department. For some years, it has been the custom of this Division to hold regular monthly meetings of all the social workers in the service and smaller group sessions for social workers in the hospitals and various divisions. It is believed that very definite results have been accomplished by the conference method in that very good team work is now quite apparent, standards of social service functions are fairly uniform and a broader conception of the State's work has been realized in an attempt to stimulate group thinking.

Because of the State's economy program, our General Conferences were discontinued in March, 1933, for an indefinite period. The smaller group meetings have been conducted as usual as there was a very strong feeling on the part of the hospital group that these meetings are indispensable in that they are of direct value to the functioning of the various social service departments in institutions. Because of the central location of the Divisions of Mental Deficiency and Mental Hygiene, no expense is involved in conference work and these meetings have therefore been held as usual.

In April, 1933, the abolishment of the Division for the Examination of Prisoners by an act of the Legislature, resulted in the enforced resignation of ten social workers who were well skilled in history and investigation work of prisoners referred for psychiatric examinations. It is to be regretted that this entire service was thus discontinued, particularly at a time when the subject of crime and criminals is much before the public. It would seem that many of these offenders who are in some way mentally affected might very profitably be referred for psychiatric care or treatment upon the expiration of their terms. As a preventive measure, some of the juveniles now being examined at our various clinics might well be kept under psychiatric guidance in order to prevent later social maladjustments and misbehavior. It is believed that the social workers formerly connected with this Division were well qualified to do work of this kind.

There have been no known changes of importance in the Divisions of Mental Deficiency and Mental Hygiene during the year. The social work in both Divisions shows some growth and contains possibilities for development that cannot be attempted under existing conditions and with the present personnel.

The community social supervision of certain mentally deficient persons as now conducted by the Division of Mental Deficiency on a very small scale, contains possibilities for much more extensive service. Existing social and economic conditions are not conducive to the welfare of many mentally deficient persons who, for want of understanding and direction, are drifting idly about or seeking paths that lead to delinquency and ultimately to State care. The successful supervision of a small number of these persons indicates that a State-wide program aimed to control and guide certain mentally handicapped persons would prove to be of real social value to the State. One may well believe that delinquency in this group might be modified, perhaps reduced, and in the course of time affect the admission rate of State Schools. A State program for expert community care of many mentally deficient persons might possibly contribute somewhat to the solution of the many problems emanating from the unrestricted freedom of certain mentally deficient persons.

CONFERENCE WORK

There have been but four general conferences during the year because of the economic situation that indicated the advisability of curtailing traveling expenses. No general conferences have been held since March of this year.

Smaller group sessions, arranged with a view to meeting definite needs of the various phases of social work connected with the Department, have been continued as usual. The large majority of social workers in hospitals expressed a very definite need of these conferences as it is believed they are helpful and necessary in the general upbuilding of their social service departments.

One of the interesting minor features of this year's work was an evaluation of our conference work. Questionnaires were sent from the central social service office, requesting all members of the Division to evaluate the conference work, freely and frankly. The replies were illuminating and helpful in that serious thought had been given to the subject. Several social workers felt that although the general conferences were helpful because of educational values, they were not suitable for discussion purposes because of the size of the group. (The attendance averaged eighty to eighty-five.) All agreed that these gatherings should not be discontinued and recommended fewer sessions, to be arranged solely for educational purposes.

On the other hand, the small group conferences, held monthly by workers in state hospitals, Mental Hygiene and Mental Deficiency Divisions, were considered to be of direct practical value to the work of the respective groups and indispensable to the general functioning and upbuilding of the social service.

Because of the obvious needs of this service, the small group conferences have been continued.

The program for the general conferences is as follows:

December 1932 — Case Discussion. Miss Helen M. Crockett, Head Social Worker, Worcester State Hospital.

January 1933 — Cancelled.

February 1933 — "The Value of the Intelligence Quotient". Frederick L. Wells, Ph. D., Boston Psychopathic Hospital.

The program for the group conferences of state hospital social workers is as follows:

December 1932 — Case presentation. "Social Treatment". Miss Esther C. Cook, Boston Psychopathic Hospital.

January 1933 — Case presentation. "Social Treatment". Mrs. Rena Dewey, Boston Psychopathic Hospital.

February 1933 — Paper. "The Psychiatric Social Worker Looks at her Job". Miss Nina Eldridge, Medfield State Hospital.

March 1933 — Case presentation. "The Case of the Head Social Worker." Miss Florence Armstrong, Boston State Hospital.

April 1933 — General discussion. "Goals in Local Social Service Departments."

May 1933 — Paper. "Factors in Social Work with People of Different Races Living in the Vicinity of Cape Cod". Miss Emma Shaw Lowe, Taunton State Hospital.

June 1933 — Reports from the American Psychiatric Association Annual Meeting.

November 1933 — General discussion. "Evaluations of Conference Work."

SOCIAL SERVICE PERSONNELL

There have been very few changes in the social service personnel during the year. Social service is active in all the institutions and divisions, the number of social workers ranging from one in a hospital to eight or more, including students.

In institutions, there are 7 head social workers, 15 psychiatric social workers and 22 assistant psychiatric social workers, making a total of 44 social workers in institutions.

Divisions

*Division for the Examination of Prisoners	10
Division of Mental Deficiency	2
Division of Mental Hygiene	5

*Abolished April, 1933.

Student Service

In six hospital training centers, the students are distributed as follows:

	<i>D.M.D. Students</i>	<i>Smith College Students*</i>	<i>Simmons College Students**</i>
Boston Psychopathic Hospital	—	2	—
Boston State Hospital	2	—	1
Danvers State Hospital	2	—	—
Foxborough State Hospital	2	—	—
Taunton State Hospital	2	—	—
Worcester State Hospital	3	1	2

*Smith College School for Social Work.

**Simmons College School of Social Work.

In accordance with the policy of former years, student service has been carried on in six training centers.

Comparatively few volunteers were accepted during the year and none after June, 1933, owing to a Civil Service ruling that opportunities for volunteer work in institutions carrying maintenance were to be offered to social workers who were on the Civil Service list awaiting appointments. Because of this ruling, eight college men and women who had volunteered their services for the summer months were not accepted. As we have relied upon volunteer service during the vacation months for some years, our social service was not as effective this past summer as usual in the larger social service departments.

Total number social workers in regular service (As of November 30, 1933) 51

Total number students (part-time) 17

Total number resignations during year 12*

Total number transfers during year 1

Number of vacancies on November 30, 1933 0

*Ten of these resignations were in Division for Examinations of Prisoners which was abolished by Legislature April, 1933.

Personnel — Social Service Division

INSTITUTIONS AND DIVISIONS	<i>Paid Social Workers Nov. 30, 1933</i>	<i>Student Social Workers Nov. 30, 1933</i>	<i>Resigna- tions, Dec. 1, 1932 through Nov. 30, 1933</i>	<i>Vacancies on November 30, 1933</i>
<i>State Hospitals:</i>				
Boston Psychopathic Hospital	6	2	1	0
Boston State Hospital	5	3	0	0
Danvers State Hospital	4	2	0	0
Foxborough State Hospital	2	2	0	0
Gardner State Colony	2	0	0	0
Grafton State Hospital	1	0	0	0
Medfield State Hospital	2	0	0	0
Metropolitan State Hospital	1	0	0	0
Monson State Hospital	2	0	0	0
Northampton State Hospital	2	0	1	0
Taunton State Hospital	3	2	0	0
Westborough State Hospital	2	0	0	0
Worcester State Hospital	4	6	0	0
<i>State Schools:</i>				
Belchertown State School	2	0	0	0
W. E. Fernald State School	3	0	0	0
Wrentham State School	3	0	0	0
Total in institutions	44	17	2	0
<i>Divisions:</i>				
Division for Examination of Prisoners	0	0	10*	0
Division of Mental Deficiency	2	0	0	0
Division of Mental Hygiene	5	0	0	0
Total in divisions	7	0	0	0
Grand Total	51	17	12	0

*Division for Examination of Prisoners abolished by Legislature April, 1933.

GENERAL

Although some curtailments have been necessary and in keeping with the general economic situation, the main functions of the social service appear not to have been seriously affected. This is a matter of considerable encouragement to the various members of the Social Service Division. It seems to have had a stimulating effect on most of the group who appear to be eager to render better service and to move forward as soon as it is possible to do so.

While no new developments have been attempted, there are reasons to believe that some parts of the service might be profitably enlarged or extended.

Reference has already been made to the advisability of the extension of social supervision of certain mentally deficient persons in the community. As much of the machinery for this work already exists, it would appear that the State might well consider a plan that might modify delinquency and possibly affect the number of applications for admission to State Schools. It is believed that the community is fairly ready for such a development as many agencies are already cooperating with the Department in the community care of certain patients.

Since the abolishment of the Division for the Examination of Prisoners, there has been an increasing number of requests by psychiatrists for social histories in cases of prisoners who have been referred for psychiatric examination. There are but two social workers engaged in community supervision of the mentally deficient who are frequently requested to take these histories. In order to do so, their regular work has to be temporarily discontinued. The addition of another social worker to fill the vacancy in this Division is earnestly requested in order that the regular work may continue without serious interruption.

The social service training course connected with the Department has been generally satisfactory and should be continued with a few minor changes. It would appear that a few of the hospital training centers might well be used to train graduate social workers while others might better serve the untrained and inexperienced student group. Both types of training are necessary and desirable.

A combination of circumstances indicated the desirability of making a few changes in our requirements of students. The Department was unable to encourage students to take training with a view to entering the service because of the general situation. There has been very little turnover in our Social Service Department for the past two or more years and no new positions have been granted. Prior to June, 1933, our students were required to take courses at the Simmons College School of Social Work. This requirement has been removed, students now serving the full nine months' period in training at hospitals with the expectation that they will enter schools of social work at some future time, if they plan to enter the field of psychiatric social work.

The adoption of a policy by the Department of Administration and Finance relative to student and volunteer service in our various social service departments now places this part of our educational work on a sound basis and makes for continuity and gradual development. This is believed to be a forward moving procedure and should be of value to State institutions as well as to the fields of psychiatry and social work.

This report would be quite incomplete without an expression of appreciation to the Commissioner and the various Department officials who have given their support to this Division throughout the year, particularly during a year that has been marked by unusual pressure of many important and vital matters.

Respectfully submitted,

HANNAH CURTIS,

Director of Social Work.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:

This report marks the close of the tenth year of the program of the Division of Mental Hygiene and it is gratifying to note the achievements in clinical and allied activities during this past year. The program of the Division has not changed markedly in its general outline from that of the previous year and may be described briefly as follows:

I. *Clinic Service.* — There have been nine clinics, eight of which operated weekly, and one bi-monthly. These were conducted in the following localities: Lawrence, Lowell, Reading, Norwood, Quincy, Boston Dispensary, West End Health Unit, New England Hospital for Women and Children, and North Reading Sanatorium, the last being held twice a month.

II. *Educational Program.* — This may be divided into three categories:

A. General educational work in the community, consisting in lectures, demonstrations, and discussions before professional and lay groups. These activities met the demand of the public for information regarding the nature and scope of the work done by the clinics, and other more specialized subjects in the field of mental hygiene.

B. Formal lectures in colleges, medical schools and other educational institutions.

C. Training of medical students and students in psychiatry.

III. *Clinical and Psychological Research Activities.* — Definite psychiatric and psychological problems related to the field of child development have been conducted by staff members.

In discussing the clinic activities, we find three questions invariably asked, namely, the types of problems dealt with at clinic, sources from whence children are referred, and the form of treatment given. The answers to the first two questions will be found in the statistical appendix to this report. The answer to the third can only be given in a general way since it would be impossible in a report of this kind to discuss comprehensively the subject of treatment. This involves consideration of the social, psychological and psychiatric technique, and it would necessitate a theoretical discussion of the varied schools of psychiatry which is obviously outside the scope of this report.

Cases are accepted without selection in respect to the social, economic, racial or any factors other than behavior. The cases under treatment are in a general way, those having average intelligence. The Division has directed its attention primarily to the problems of the so-called normal and superior child (as regards intelligence) since in the Department there is another division that bears the responsibility for the mentally handicapped child. However, it occasionally happens that a defective child is referred to the clinic for diagnosis and recommendations, in which instances the request is fulfilled and the case is then referred to the Division of Mental Deficiency. Although the Division of Mental Hygiene has not concerned itself with the problem of mental retardation as such, it does, however, assist in meeting mental hygiene problems which have arisen in families where one child because of his intellectual handicap is the cause of a destructive attitude on the part of the parents that is not conducive to the welfare of the other children. This as well as similar problems arising in like situations are dealt with by the Division of Mental Hygiene.

The age range in all the clinics is from two to ten years, excepting in those communities where there are no other facilities for meeting the needs of the older group — there cases are accepted up to sixteen years of age. In most of the communities where the Division of Mental Hygiene conducts clinics, there are other units whose interests are directed to the older children.

Table No. 10 in the appendix lists the problems dealt with at the clinics. Children are referred because of maladjustment either at home or at school, due to undesirable habits, personality deviations, or perhaps a question of intellectual equipment.

The study of any behavior problem begins by an understanding of the child. The physical examination which is the first and a fundamental procedure may reveal the cause of Tommy's truancy to be due to deafness, malnutrition, or poor motor co-ordination — any of these physical handicaps creating a barrier to successful school work and ultimately a desire to escape through truancy. An evaluation of the intellectual equipment of the child is the second step toward determining the material with which we are dealing. Obviously there is nothing to be expected in the way of success if we require a child with an eight year old mind to do a job which requires the intelligence of a ten year old child. In problems dealing with school failure and asocial behavior the determination of the intellectual equipment is imperative.

We are aware, however, that a sound body and a good intelligence are not sufficient unto themselves to assure to the child an efficient life. The psychiatrist is concerned with the organism as a whole and the efficiency of its total responses to the environment in which it has to operate. Thus, beside the physical and intellectual aspects of the child, he directs his attention to the investigation of the child's emotions, propensities, will power, interests, drives, his reaction to success and failure, and the means and methods that can be utilized in creating motives for conduct which will be socially acceptable on the one hand and on the other, emotionally satisfying to the individual. Social investigations are made in order to determine what factors in the environment tend to thwart the normal, healthy, physical, intellectual, and emotional development of the child. Treatment of specific problems and particular individuals is based upon an intimate knowledge of all these varied factors.

Treatment procedures can be briefly and perhaps more satisfactorily portrayed by means of the following list:

- (1). Direct information and advice to parents, teachers and others responsible for the guidance of the child.
- (2). Therapy directly applied to the child.
- (3). Therapy applied to the parents.
- (4). Reconstruction of environment in order to eliminate undesirable factors when possible.
- (5). Changing of pedagogic procedures necessary for the specific needs of the child — (frequently seen in children who are problems to the school by reason of incorrect placement in the grades.)

Any one or more of the above approaches to the child's problem may be utilized by the staff members, always in co-operation with the home, school, and other interested agencies.

Study and treatment of clinic cases in practically all instances involves considerable contact with the child and his associates of whom parents and teachers are the most important. This means the social worker makes visits to the home, school, and recreational center for purposes of further observation and to obtain additional information and to provide or create supplementary opportunities in the form of social or recreational outlets for the child.

The nature and extent of the educational program conducted by the Division of Mental Hygiene is summarized in the following list of groups who were addressed by members of the staff:

Parent-Teacher Associations	Medical groups, physicians
Mother's Clubs	Occupational therapists
Business Men's Clubs	Church groups
Teaching groups	Social welfare organizations
Health Institutes	Radio broadcasts

The chief objectives in the educational aspect of the Division's activities have been to interpret the work of the clinics to the communities where the clinics are functioning, to encourage further interest in problems of child guidance and also to stimulate parental interest in the mental aspect of the child's development. We realize that now, as never before, parental attitudes have a tremendous influence in the shaping of children's behavior patterns and personality development and when these attitudes are warped as they are prone to be through the worries and frustrations produced by the present economic conditions, parents need help more than ever to assist them in maintaining a wholesome, healthy attitude and constructive perspective toward their children. To this end the staff has conscientiously endeavored to contribute whenever the opportunity presented itself.

There has been a marked increase in clinic attendance which is more conspicuous on the basis of individual clinics than is apparent in the total picture. For example, at the Boston Dispensary, the intake has been tripled over that of the previous year. Likewise, in Lowell and Quincy there have been appreciable increases in the number of cases studied. In every community, the clinics have attempted to fully appreciate the needs of the particular locality and endeavored to meet them, taking special care to avoid duplicating the work of other agencies or having the service become routinized and perfunctory. Most of the communities have become in-

creasingly aware of their responsibility for dealing with children in ways to make them better citizens.

At the Boston Dispensary Clinic an experiment has been conducted in co-operation with the Department of Occupational Therapy there. For some time it was felt that an occupational therapy program might be utilized as a supplementary measure to the regular clinic service by fulfilling a twofold function, namely, as an aid in studying the personality of the child, to ascertain the presence or absence of such traits as leadership, domination, resourcefulness, ingenuity, manual dexterity, etc., and secondly, as an adjunct to a therapeutic program. This has been tried with very encouraging results and it is hoped that arrangements may be made with the administrators at the Dispensary to utilize occupational therapy further in conjunction with Habit Clinic cases.

The Floating Hospital adjoining the Dispensary has co-operated by permitting the admission of clinic cases to the ward for prolonged study and treatment. All requested medical investigations were promptly granted and special arrangements were made, in psychiatric cases, by the hospital to facilitate effectively carrying out a program of psychotherapy during the patients' residence there.

The Commissioner of Health of Quincy has recognized his responsibility for leadership in organizing resources for facilitating the child welfare program in that city and has been most helpful in interpreting the clinic to other health agencies who have utilized the clinic with what they acknowledge as invaluable results. The clinic, treatment potentialities and the resources it has for dealing with the problem children have been recognized and appreciated.

Last year the Division succeeded in developing in several of the communities a form of interrelationship and co-operation between the clinics and the schools that greatly aided the promulgation of the concepts of mental hygiene and a broader understanding of the psychological needs of the child. This was done through regular conferences with the school and staff members. The schools have taken a firm hold of this opportunity provided them, and have developed it judiciously so that it has produced results heretofore unexpected in the form of a better understanding of the child and his particular difficulty. Far better therapeutic results have been achieved than might otherwise have been possible. In Quincy and Reading there are monthly conferences held regularly at which time cases are selected and discussed by both groups represented.

Weekly staff conferences have been conducted which have been devoted to the discussion of clinical material and to the purpose of familiarizing the staff with the activities of outside agencies. The latter has been carried out by having representatives from other organizations, either within the State service or outside, come in and relate their respective programs and discuss ways and means by which the Division might co-operate. In addition to the above, there have also been reviews and discussions on the more recent psychiatric and psychological literature, and reports on meetings that would have a bearing on the work.

Consultation service has been rendered to State departments as well as to private organizations. This service has been found to be particularly adaptable to those situations where the organization recognizes and wishes to carry more effectively its responsibility in personality and behavior problems. The Massachusetts Department of Public Health, Division of Tuberculosis, Division of Child Hygiene; Department of Education, Family Welfare Organization, Floating Hospital, and allied organizations have sought and received consultation services from the Division. The consultation clinic conducted at the North Reading Sanatorium has just completed its fifth year, and the results are in the process of being written up.

Publications — 1933

BULLETIN OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES APRIL, 1933

- (1) The Personality Study of One hundred Parents.
- (2) The Study of the Relationships Between the Problems of Habit Clinic Patients and Their Parents.
- (3) The Follow-up Study of Thirty Habit Clinic Children who Manifested Delinquency Problems before the Age of Ten.

By Dr. Arthur Berk, Miss Leonore Lane, and Miss Myrtle Tandy.

With special reference to social work, the year has been one of increased opportunities for service to larger numbers of children and parents.

Table 1 shows that over one thousand cases were carried during the year. This includes not only those attending clinic, but seventy-five old cases which were carried by Social Service, but were not seen in a clinic.

Thirty percent of the total cases were of pre-school age and seventy percent of school age. This is not a surprising proportion as twenty-seven percent of the new cases were referred by schools and the problems of older children are apt to be considered more seriously by parents.

Sixty-three percent of the cases were boys and thirty-seven percent girls — probably showing that parents and teachers find boys more non-conforming than girls.

Tables 2 and 3 compare the numbers of cases treated this year with those treated the previous year. Two hundred and two more cases were carried than the previous year and the increase in new cases was two hundred and one. The proportion of pre-school age and school age children has remained about the same, one-third pre-school and two-thirds school children. Seven hundred eight more clinic visits were made than in the previous years and is to be expected with the increased intake of cases and the fact that fourteen more clinics were held. Nine clinic centres were used. At Boston Dispensary the most marked increase in the number of cases referred has taken place. (See Table No. 3). To meet this increased demand for service a clinic has been held there twice a week since March, 1933 instead of once a week as formerly. Eighty clinic sessions were held this year at Boston Dispensary as compared with forty-seven sessions the previous year. Lowell also had a change in the frequency of clinic sessions. It was held bi-monthly for six months and weekly for five months. For a time bi-monthly clinics were all that were necessary due chiefly to the great falling off of cases referred by the schools. (See Table No. 3). In September, 1933 the clinic centre was changed from the School Clinic Building to the Lowell General Hospital and a marked increase in cases referred became evident and weekly clinics were resumed. The monthly clinics at North Reading were continued but in the six other centres weekly clinics were the rule. The Reading Clinic changed its place of meeting to the High School where larger quarters were provided.

The number of social workers doing clinic work is the same as the previous year — four workers giving full time to clinic, one to research work and one dividing her time between clinic and research work.

The sources of new cases show about the same proportion as the previous year. — 1st Health, 2d Schools, 3rd Relatives and Friends, and 4th Physicians. The large increase of one hundred four cases referred by Health Agencies is chiefly accounted for by the fact that one hundred seventy-four were referred by Boston Dispensary, as against forty-seven referred by the same source the previous year. The increased number of schools referring was thirty-five more in Lawrence, twenty in Quincy, eleven in West End. There was a big decrease in cases referred by schools in Lowell, sixteen this year against forty-three last year. The chief increase in cases referred by relatives and friends was in Quincy, West End, Reading and Boston Dispensary. The increase in cases from Children's Agencies was chiefly in West End and Lowell.

Table No. 3 shows that there were three clinic centers in 1932 which are not active with the Division of Mental Hygiene now. These are shown to explain the discrepancy between the totals and the sum of the numbers in the individual clinics. The greatest increase in cases carried and new cases is at Boston Dispensary, with West End second and Quincy third. Quincy stands highest in the average number of new cases per clinic with Boston Dispensary running a very close second and West End third.

The average number of visits by children per clinic was highest in Lawrence, with West End second and Quincy third.

Table No. 5 shows the types of service rendered by Social Service. All cases go through Social Service and in eighty-six percent of the cases they received full service, that is — a history was obtained in the community, clinic appointments given, and arrangements made for medical, educational, recreational, financial and other types of assistance wherever indicated. In fourteen per cent of the cases partial service was given for various reasons. In the fifty-one co-operative cases

TABLE 1. — *Habit Clinic Statistics of the Division of Mental Hygiene for the Year ending December 31, 1933*

	ALL CLINICS			BOSTON DISPENSARY			LAWRENCE			LOWELL			NEW ENGLAND HOSPITAL		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Total cases carried	1,091	686	405	229	129	100	145	101	44	82	60	22	118	62	56
Pre School Age	335	196	139	84	50	34	25	14	11	12	8	4	36	21	15
School Age	756	490	266	145	79	66	120	87	33	70	52	18	82	41	41
Active cases not attending	75	46	29	5	3	2	3	2	1	—	—	—	8	4	4
Pre School Age	26	14	12	3	2	1	—	—	—	—	—	—	2	—	2
School Age	49	32	17	2	1	1	3	2	1	—	—	—	6	4	2
Cases attending clinic	1,016	640	376	224	126	98	142	99	43	82	60	22	110	58	52
New cases	795	502	293	202	110	92	96	71	25	65	49	16	87	45	42
Pre School Age	248	145	103	74	41	33	19	11	8	10	7	3	27	16	11
School Age	547	357	190	128	69	59	77	60	17	55	42	13	60	29	31
Old Cases	221	138	83	22	16	6	46	28	18	17	11	6	23	13	10
Pre School Age	61	37	24	7	7	—	6	3	3	2	1	1	7	5	2
School Age	160	101	59	15	9	6	40	25	15	15	10	5	16	8	8
Visits by children to clinic	3,565	2,280	1,285	630	379	251	694	437	257	216	173	43	327	173	154
Clinics held	399			80			45			33			46		

TABLE 1. — *Habit Clinic Statistics of the Division of Mental Hygiene for the Year ending December 31, 1933 — Concluded*

	NORTH READING		NORWOOD		QUINCY		READING		WEST END	
	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.
Total cases carried	37	23 14	72	49 23	170	98 72	101	68 33	137	96 41
Pre School Age	5	3 2	24	16 8	78	39 39	18	13 5	53	32 21
School Age	32	20 12	48	33 15	92	59 33	83	55 28	84	64 20
Active cases not attending	12	6 6	10	5 5	11	5 6	11	9 2	15	12 3
Pre School Age	1	— 1	5	4 1	6	1 5	1	1 —	8	6 2
School Age	11	6 5	5	1 4	5	4 1	10	8 2	7	6 1
Cases attending clinic	25	17 8	62	44 18	159	93 66	90	59 31	122	84 38
New Cases	18	12 6	47	38 9	121	71 50	69	46 23	90	60 30
Pre School Age	2	1 1	12	10 2	51	28 23	15	10 5	38	21 17
School Age	16	11 5	35	28 7	70	43 27	54	36 18	52	39 13
Old Cases	7	5 2	15	6 9	38	22 16	21	13 8	32	24 8
Pre School Age	2	2 —	7	2 5	21	10 11	2	2 —	7	5 2
School Age	5	3 2	8	4 4	17	12 5	19	11 8	25	19 6
Visits by children to clinic	43	28 15	305	210 95	510	315 195	339	209 130	501	356 145
Clinics held	12		47		46		45		45	

another social agency took the main responsibility for social treatment. One hundred one cases were classed as slight service. In forty of these cases a diagnosis of feeble-mindedness was made and the cases referred to the Division of Mental Deficiency. The sixty-one other cases were only given slight service for various reasons. In most instances consultation service was given because the child or parent did not seem suitable for psychiatric treatment, or the family failed to return after the initial clinic visit.

TABLE 2. *Clinic Statistics for 1933 Compared with those for 1932*

	1933	1932	Increase	Decrease
Total cases carried	1,091	889	202	—
Total active cases not attending	75	89	—	14
Total cases attending clinic	1,016	800	216	—
Total new cases attending	795	594	201	—
Total old cases attending	221	206	15	—
Total pre-school age attending	309	262	47	—
Total school age attending	707	538	169	—
Total visits by children to clinic	3,565	2,857	708	—
Total number of clinics held	399	385	14	—
Average number new cases per clinic	1.9	1.5	.4	—
Average number visits by children per clinic	8.9	7.4	1.5	—
Calls paid by Social Service	4,656	4,577	79	—
Sources:				
Total	795	594	201	—
Health Agencies	296	192	104	—
Schools	219	177	42	—
Relatives and friends	169	152	17	—
Physicians	31	30	1	—
Children's agencies	30	16	14	—
Family agencies	21	13	8	—
Clinic staff	17	8	9	—
Settlements	12	6	6	—

TABLE 3. — *Comparison of Statistics for 1933 with those for 1932*

	Total	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End	Beverley	Holyoke	Northampton
1933	1,091	229	145	82	118	37	72	170	101	137	—	—	—
1932	889	74	124	86	108	30	75	120	88	85	51	25	23
Increase 1933	202	155	21	—	10	7	—	50	13	52	—	—	—
Decrease 1933	—	—	—	4	—	—	3	—	—	—	—	—	—
New Cases:													
1933	795	202	96	65	87	18	47	121	69	90	—	—	—
1932	594	57	70	85	77	13	51	89	61	54	26	4	7
Increase 1933	201	145	26	—	10	5	—	32	8	36	—	—	—
Decrease 1933	—	—	—	20	—	—	4	—	—	—	—	—	—
Number of Clinics held:													
1933	399	80	45	33	46	12	47	46	45	45	—	—	—
1932	385	47	47	35	47	10	44	47	46	47	9	3	3
Increase 1933	14	33	—	—	—	2	3	—	—	—	—	—	—
Decrease 1933	—	—	2	2	1	—	—	1	1	2	—	—	—
Average number of New Cases per clinic:													
1933	1.9	2.5	2.1	1.9	1.8	1.5	1	2.6	1.5	2	—	—	—
1932	1.5	1.2	1.4	2.4	1.6	1.3	1.1	1.8	1.3	1.1	2.8	1.3	2.3
Number of visits by children													
1933	3,565	630	694	216	327	43	305	510	339	501	—	—	—
1932	2,857	181	663	314	294	26	237	318	277	410	86	29	22
Increase 1933	708	449	31	—	33	17	68	192	62	91	—	—	—
Decrease 1933	—	—	—	98	—	—	—	—	—	—	—	—	—
Average visits by children per clinic.													
1933	8.9	7.8	15.4	6.5	7.1	3.5	6.4	11.	7.5	11.1	—	—	—
1932	7.4	3.8	14.1	8.9	6.2	2.6	5.3	6.7	6.	8.7	9.5	9.6	7.3

TABLE 4. — Sources of New Cases December 1, 1932 to December 1, 1933

	Total	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
Physicians	31	3	3	1	7	—	3	11	—	3
Relatives and friends	169	12	21	18	13	—	17	40	29	19
Clinic staff	17	2	2	1	2	—	1	5	3	1
Children's agencies	30	1	2	12	2	—	2	2	1	8
Family agencies	21	2	3	3	6	—	4	—	—	3
Health agencies	296	174	4	12	43	16	—	15	1	31
Schools	219	5	61	16	13	2	20	48	35	19
Settlements	12	3	—	2	1	—	—	—	—	6
Total	795	202	96	65	87	18	47	121	69	90

TABLE 5. Types of Service Rendered by Social Service

	Total	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
Total Case Load:	1,091	229	145	82	118	37	72	170	101	137
Full service	939	203	120	66	111	—	70	157	98	114
Partial service:	152	26	25	16	7	37	2	13	3	23
Cooperative service	51	2	1	6	2	29	—	1	—	10
Slight service:	101	24	24	10	5	8	2	12	3	13
Slight service—Feeble-minded	40	5	9	7	1	8	1	3	2	4
Slight service—others	61	19	15	3	4	—	1	9	1	9

TABLE 6. — Annual Report of the Habit Clinics December 1, 1932 to December 1, 1933

	Males	Females	Total
Total number clinics held	—	—	399
Total number children attending	640	376	1,016
Total number visits by children	2,280	1,285	3,565
Total number new cases pre-school	145	103	248
Total number old cases pre-school	—	—	—
Total number old not previously attending pre-school	37	24	61
Active cases not attending clinic	14	12	26
Total	196	139	335
Total number new cases school age	357	190	547
Total number old cases school age	—	—	—
Total number old not previously attending school	101	59	160
Active cases not attending clinic	32	17	49
Total	490	266	756
Total number new cases	502	293	795
Total number old cases	—	—	—
Total number old not previously attending	138	83	221
Active cases not attending	46	29	75
Total	686	405	1,091

ATTENDANCE FOR PREVIOUS YEAR

Total number new cases	594
Total number old cases	—
Total number old not previously attending	206
Active cases not attending	89
Total	889

TABLE 7. — *Comparison of the Clinics' Growth 1929-1933*

	Beverly	Boston Dispensary	Lawrence	Lowell	North End	New England Hospital	North Reading	Norwood	Quincy	Reading	West End	Total
	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933	1929 1933
Total number of children attending	40	65 224	119 142	82	32	81 110	22 25	21 62	101 159	38 90	81 122	600 1,016
New cases	33	48 202	90 96	65	15	64 87	22 18	21 47	96 121	31 69	63 90	483 795
Old cases not previously attending	7	17 22	29 46	17	17	17 23	—	—	5 38	7 21	18 32	117 221
Pre-school age	14	30 81	32 25	12	25	47 34	1 4	11 19	38 72	8 17	40 45	246 309
School age	26	35 143	87 117	70	7	34 76	21 21	10 43	63 87	30 73	41 77	354 707
Number visits by children	96	172 630	731 694	216	83	257 327	33 43	73 305	376 510	70 339	373 501	2,264 3,565
Number clinics held	11	44 80	45 45	33	9	44 46	7 12	8 47	44 46	11 45	47 45	270 399
Social workers' visits	248	527 1,051	567 610	351	333	504 528	55 70	57 325	749 576	270 537	812 608	4,122 4,656

North End discontinued September 1929.
 North Reading Clinic started March 1929.
 Norwood Clinic started October, 1929

TABLE 8.

New cases in 1933 were referred to the Habit Clinic by agencies in the following proportion:

Health Agencies	37%	Children's Agencies	4%
Schools	28%	Family Agencies	3%
Relatives and Friends	21%	Clinic Staff	2%
Physicians *	4%	Settlements	2%
Total			795

TABLE 9.

New cases in 1933 were referred to the Habit Clinic for the following reasons in this proportion:

Habit Disorders	57%	Psychiatric Consultation	7%
Neurotic Disorders	23%	Personality Defect	4%
Pre-delinquent Problems	8%	Special Disabilities (3)	

(These statistics are based on the problems for which the child was admitted to clinic service.)

TABLE 10.

Many more problems appear in Habit Clinic cases after study than were originally reported at the time of clinic referral. The following tables shows the percentage of this increase. (The problems are listed in the order of their frequency of referral.)

Problems	Percentage in Increase	Problems	Percentage in Increase
Poor school adjustment	44%	Truancy	120%
Enuresis	61%	Retardation	320%
Disobedience	114%	Lying	525%
Food capriciousness	168%	Quarreling	125%
Temper tantrums	150%	Habit spasm	233%
Speech defect	None	Fears	333%
Stealing	50%	Destructiveness	266%
Nail-biting	208%	Vomiting	50%
Disturbed sleep	330%	Soiling	100%
Nervousness	200%	Convulsions	None
Thumb-sucking	214%	Others	31%
Masturbation	100%		

(The above table is based on a study of 25% of the 1933 cases.)

TABLE 11. — Table Showing the Percentage of Boys and Girls in the Habit Clinic Service Who Reveal the Following Problems¹

Problems	Percent of	
	Males	Females
Enuresis	26	33
Temper tantrums	27	24
Masturbation	8	4
Food capriciousness	30	40
Stealing	13	6
Lying	14	14
Quarreling	6	4
Retardation	16	6
Nail-biting	24	16
Habit spasm	6	4
Convulsion	—	1
Truancy	8	3
Destructiveness	6	7
Vomiting	1	3
Disobedience	34	37
Speech defect	12	3
Poor school adjustment	48	19
Soiling	2	—
Disturbed sleep	21	30
Thumb-sucking	10	16
Fears	6	10
Nervousness	12	16
Others	33	42

¹These figures are based on 25% of the total number of new cases.

TABLE 12. — *Ages of the Patients on Admission to Clinic*¹

Years	Percentage of cases	Years	Percentage of cases	Years	Percentage of cases
-1	1	4	5	7	13
2	4	5	5	8	14
3	7	6	9	9+	42

¹(These figures are based on a sampling of 25% of the 1933 cases.)TABLE 13. — *Study of One-Fourth of Patients Examined by Habit Clinics*

<i>Intelligence quotients</i>	<i>Percentage of Children</i>	<i>Intelligence quotients</i>	<i>Percentage of Children</i>
-69	4	100-109	21
70-79	10	110-119	18
80-89	20	120-129	3
90-99	22	130-139	2
<i>Psychological Impression</i>	<i>Percentage of Children</i>	<i>Psychological Impression</i>	<i>Percentage of Children</i>
Bright	29	Dull	18
Average	47	Defective	6

TABLE 14.

<i>Psychiatric Impression</i>	<i>Percentage of Children</i>	<i>Psychiatric Impression</i>	<i>Percentage of Children</i>
Mainly product of environment	81	Passing phase	3
Mental conflict	16	Others	8
Constitutionally unstable	6	Unknown	10

TABLE 15.

<i>Scholastic Standing</i>	<i>Percentage of Children</i>	<i>Scholastic Adjustment</i>	<i>Percentage of Children</i>
Good	24	Satisfactory	49
Average	26	Unsatisfactory	51
Poor	50		

TABLE 16.

<i>Physical Condition of Home</i>	<i>Percentage</i>	<i>Condition of Neighborhood</i>	<i>Percentage</i>	<i>Economic Status</i>	<i>Percentage</i>
Above average	16	Above average	16	Dependent	31
Average	46	Average	41	Marginal	49
Poor	39	Poor	43	Comfortable	20

TABLE 17

<i>Environmental Factors</i>	<i>Percentage of Homes</i>	<i>Environmental Factors</i>	<i>Percentage of Homes</i>
Poor parental control	62	Another child favorite of parents	10
Compound family	32	Mother absent from the home	10
Disharmony and conflicting ideas	31	Religious difference in the home	7
Foreign language in the home	26	Forced marriage of parents	7
Anti-social habits of family members	25	Others	20
Desertion of a parent	19	Nothing outstanding in environment	12
Lack of affection in family	15	Unknown	8

TABLE 18

<i>Reasons for Closing Cases</i>	<i>Percentage</i>	<i>Reasons for Closing Cases</i>	<i>Percentage</i>
Recovered or improved	27	Refused to cooperate	32
Referred to another agency	16	Moved or clinic not accessible	7
Unable to cooperate	13	Others	14
<i>Condition on Discharge</i>	<i>Percentage</i>	<i>Condition on Discharge</i>	<i>Percentage</i>
Recovered	10	Unimproved	51
Improved	39		

(These figures are based on a sample of 25% of the 1933 cases. 78% of the cases were closed within the year.)

That 51% of the cases were closed as unimproved is not too significant. In many instances, although the specific problem for which the child was referred to clinic is still present, the mother has nevertheless received help through clinic contact, the parental attitude has improved, and the mother feels capable of carrying on her treatment alone without the benefit of clinic guidance.

LABORATORY RESEARCHES

The biochemical and physiological researches carried out with the co-operation of the Division of Mental Hygiene were directed by Dr. Abraham Myerson. During the past year this research group at the Boston State Hospital has continued to conduct experiments in relationship to the chemistry of the brain. A series of experiments with drugs were conducted:

1. The effect of insulin: Ever since the introduction of insulin, it has been noted that certain mental and nervous phenomena took place when this drug was used, the explanation of which has been unknown. A series of experiments were conducted at the Boston State Hospital in which it was shown that insulin reduces the oxygen use of the brain and increases the intracranial pressure. The reduction in the use of oxygen and the rise in intracranial pressure run parallel with the nervous manifestations shown by the patient. In those cases where few manifestations were present, there was little reduction in the oxygen use and an inconspicuous rise in intracranial pressure. On the other hand, where there was much tremor, sweating, and general nervousness, there was a distinct reduction in oxygen use and a marked rise in intracranial pressure.

2. The effect of amytal: It has been definitely shown in our laboratory that amytal markedly diminishes metabolism, so that in the amytal sleep the metabolism drops from 20 to 30%, and in a few cases even more. There seem to be few other changes with amytal. The oxygen and sugar in the brain and the spinal fluid pressure remain fundamentally unaltered. What has been stated of amytal is undoubtedly true of the other drugs of this series.

3. Contrasting with amytal and its effects in metabolism is the effect of caffeine citrate given in large doses. Metabolism rises some 15 to 20%, in some instances 30%, with a dose of about 10 gr. of caffeine citrate. This rise is coincident with a drop in the spinal fluid pressure, but there seem to be almost no other marked changes that we have been able to note in respect to the intracranial chemistry or dynamics.

4. The effects of ether: Ether raises the intracranial pressure, markedly reduces the oxygen use, and although it raises the amount of sugar in the blood, the amount of sugar uptake by the brain seems definitely diminished. Thus, this drug is in marked contrast with amytal in its general effects. It acts very much more forcibly upon pressure and chemical reactions whereas amytal seems to operate on metabolism and on the brain, probably in some focal way rather than generally.

A very interesting set of experiments have been carried on under the direction of Dr. Julius Loman. He has sought diligently to discover on what factors the spinal fluid pressure depends. It can be definitely stated that posture and the relationship of the veins are of immediate and fundamental importance. By changing the posture, the pressure can be varied in an extraordinary way, and in fact, a good deal of the spinal fluid pressure is a mechanical result of gravitation. The pressure of the surrounding veins seems to play an important role, as is evidenced by those experiments which he has conducted in which the veins are shifted from their relationship to the spinal fluid spaces by changes in the posture of the individual. This very difficult and important problem is distinctly nearer to an answer, as a result of the work which has been done and is still a subject for investigation by the laboratory.

A very important series of experiments have been started but unfortunately had to be discontinued because of the fact that the machine which we were using was loaned to us and had to be transferred elsewhere. Dr. F. Gibbs of the Boston City Hospital Nerve Unit collaborated in the measurement of the rate of blood flow through the brain. This is a very important subject and one which has come into increasing prominence in the last few years. By utilizing the internal jugular puncture method introduced by this laboratory and the blood flow machine, introduced by Dr. Gibbs, it became possible to measure the flow of blood through the brain. The rate as influenced by drugs and posture was studied. The experiments have not been numerous enough to warrant more detailed statements, but unquestionably results of importance are possible by this method. It is hoped that a blood flow machine may be made available in the near future so this work can be continued.

The laboratory has continued to supervise the treatment of pernicious anemia and secondary anemia on the wards of the hospital. It has also collaborated with the Boston Psychopathic Hospital in a study of the changes produced by malaria in the blood of patients suffering from general paresis.

It has carried on collaborative researches with the pathological laboratory, especially on the hypothalamus, a very important region of the brain, recently coming into research study. The director has also conducted numerous experiments with the pathological laboratory in various staining techniques.

The following papers were read by the research staff at a meeting of the Boston Society of Psychiatry and Neurology on October 19, 1933:

1. "Pathological Findings in the Hypothalamus in the Psychoses"
2. "The Effect of Posture on Cerebrospinal Fluid Pressure with Theoretical Implications"
3. "The Effects of Insulin and Amytal on Intracranial Conditions and Metabolism"
4. "A Review of the Researches Conducted by Means of the Internal Jugular Puncture Method"

Such work as is being done in the laboratory represents original and fundamental researches in the chemistry and physiology of the brain. The progress in these matters is necessarily slow, but we feel that the year's work has been definitely satisfactory in that facts of importance have been added to the knowledge of neurology and psychiatry.

THERAPEUTIC RESEARCHES

Dr. Solomon presents a brief summary of the work accomplished during the past year, which was aided by funds received from the Division of Mental Hygiene.

It might be called to attention that the work was made possible through facilities of the Boston Psychopathic Hospital, and also through the assistance of personnel and apparatus paid for through the Department of Psychiatry at Harvard Medical School.

The work may be divided into two major portions: I. The Problems Related to Neurosyphilis, and II. The Problems Related to the Physiological Status of Patients with Mental Disorder.

I. Problems Related to Neurosyphilis

The major interest has been a continuation of studies of methods of treating cases with neurosyphilis, especially general paresis. At the present time the methods of treatment are of two groups: (1) fever therapy, and (2) drug therapy. Fever therapy has come down to a study of the relative benefit to be derived from fever produced by malaria, diathermy, and the electric blanket. The latter is a rather new device for the development of high temperatures, and may be described as an enlarged electric pad which entirely surrounds the body of the patient. From the standpoint of ease of use, and freedom of danger to the patient, this appears to be the method of election. Whether its therapeutic benefit is as great as the other fever-evoking methods, is still to be determined. In the use of diathermy, one of the great problems has been the matter of satisfactory electrodes. During the year, with the cooperation of the New England X-ray Corporation, we have obtained what appeared to be the most satisfactory electrodes yet produced for this purpose.

The problem of the relative effectiveness of malaria and diathermy has now been studied for about two years and still we are unable to give a satisfactory answer. It will take more time, with the treatment of a greater number of patients before one is able to make a decision or furnish sufficient information on which a conclusion can be adequately drawn. The same is true with the electric blanket, with which less work has been done. However, one is able to state definitely that there is therapeutic value.

In regard to drug therapy, it may be firmly stated that the results of our experience show that for central nervous system involvement, tryparsamide is far superior to trivalent arsenicals such as the arsphenamines, bismuth, or mercury. Tryparsamide is a pentavalent arsenical. There was developed in France another pentavalent arsenical called "sodium stovarsol", about which reports have been

given out, especially by Cezary and Barbe, reporting results very much like those of tryparsamide. The drug is now being manufactured in this country under the name of "acetarsone" and we have been studying the effects of this drug, which has been supplied to us by the courtesy of the manufacturers free of charge. We are as yet unable to make any definite statements as to its relative efficacy but can say that it has some therapeutic efficiency.

As a result of our work with fever and drug therapy, combining various methods, our figures taken over a period of several years, show that between thirty and forty per cent of the cases with a diagnosis of general paresis treated in this clinic have made an improvement sufficient to allow them to return to their former place in the community and be, on the whole, capable of work and self-support. This is a very encouraging result and means a great deal in reducing hospital costs and salvaging human beings. Another thirty to forty per cent of the patients treated have had a prolongation of life over the expectancy of cases of general paresis, with an improvement in their mental condition.

To a very large extent the problem of what can be accomplished from the standpoint of human value is now largely dependent upon an early diagnosis, so that treatment might be established before too great damage has been done. During the year there has been an average of about ten patients with general paresis treated as in-patients at the Boston Psychopathic Hospital, and an out-patient load of about 300 patients.

In comparing the effects of diathermy and malaria, studies have been undertaken as to the biological response as indicated by the action of the white cells in the blood. This work has been done in co-operation with Dr. Myerson's group at the Boston State Hospital.

Studies have been made on the effect of diathermy on the basal metabolic rate of the patients undergoing treatment. This work, carried out in great detail by Dr. Kopp, is completed, and in preparation for publication.

II. Problems Related to the Physiological Status of Patients with Mental Disorders.

The second part of the work, referred to under the above heading, has been under the direct supervision of Dr. D'Elseaux, a member of the Department of Psychiatry of the Harvard Medical School. Under his supervision, there has been developed a well-equipped bio-chemical laboratory allowing for the study of various types of problems. The fundamental concept of this work is that the study of the bio-chemical and physiological status of the patients, aimed at the understanding of the physiological functional systems in their variation from the normal, will throw some light on the essential nature of mental disease. The problems being studied may be summarized as follows:

(1) the variation from normal of the acid base balance correlated with differences in the general emotional state of the patient. It has been found that certain patients are more acidotic than normal due to the retention of carbon dioxide. Patients who are acidotic show a difference in response to carbon dioxide than do patients who are less acidotic. This apparently depends upon a higher threshold for stimulation of the respiratory center. Such patients do not eliminate alkaline salts as efficiently as the normal.

A newly acquired spirometer will allow for the continuation of this work under better circumstances and make possible a greater precision.

(2) The bio-chemical and physiological effects of diathermy as used in the treatment of neurosyphilitic patients, have been studied. Certain highly suggestive leads as to the effect of various bio-chemical factors have been obtained and will be followed up.

(3) The oxygen-carrying capacity of the blood of some of the patients has been found to be lower than normal. The meaning of this is not at all clear, but the fact has been established, and it is hoped that further study will throw some light on its meaning.

(4) Studies on lactic-acid metabolism have been carried out and are still in process.

(5) The nature of the regulation of respiratory activity has been demonstrated in considerable detail.

RESEARCH IN HEREDITY

Dr. Arthur McGugan has been carrying out some biological researches on the subject of heredity, a most important problem in relation to mental disease. By virtue of elaborate staining and photographic methods, morphological features hitherto not recorded, have been recognized and abnormal types of germ cells have been isolated and classified.

During the period covered in an earlier report, progress was made in the development of staining technique in improvement in methods of photographing and measuring spermatozoa, and in the application of bio-metrics to graphing and tabulation. Sufficient material was obtained from normal, infertile and psychotic subjects to permit a satisfactory trail of these methods and a preliminary report will be made before some appropriate society.

Since submitting the results of the preliminary study, observation of all available material has been carried on at the Medfield State Hospital laboratory by the technician employed for this purpose, and the results have been tabulated for record according to the method developed during the first year.

Thus far, the material studied continues to show the marked differences in the morphology of the sperm cells of the psychotic subject and that of the normal, as observed in the first series. Some progress has been made also in the study of a small group of defectives, and here the deviation from the normal seems more marked than that observed in the study of the psychotic and infertile groups.

There is now being planned a method of study to be employed in alterations of cell behavior.

At this stage of the research it seems desirable to attempt also, with hope of success, the re-study of the morphology of the normal ovum, and to proceed then with the application of the same method to the study of the ova of defectives.

The earlier stages of this work were carried on under the immediate supervision of Dr. W. W. Williams with the assistance of Mr. H. G. Carpenter, a technician with special training for this work, and who has been in charge during Dr. Williams' absence the past year.

RESEARCHES AT WORCESTER STATE HOSPITAL

From Dr. William A. Bryan, Superintendent of the Worcester State Hospital, comes the following report of the research services associated with that institution covering a period from December 1, 1932 to November 30, 1933.

The dementia praecox research has continued during the past year as a co-operative undertaking of the Memorial Foundation for Neuro-Endocrine Research, the Division of Mental Hygiene and the Worcester State Hospital under the general direction of Doctors R. G. Hoskins and F. H. Sleeper. The general laboratory has continued under the direction of Dr. J. M. Looney, the psychology department under D. Shakow, psychiatry under Dr. M. H. Erickson, internal medicine under Dr. H. Freeman, biometry under E. M. Jellinek.

An excellent spirit of co-operation has been maintained and is reflected in the increased number of publications during the year.

Because of the emphasis placed on the evaluation of data already obtained with a consequential slight diminution in experimental work below that of the preceding year, the curtailment of financial support did not too seriously affect the operation of the service. However if productivity on a comparable scale is to be continued, additional financial support from the State should be made available.

During the period covered by the report a rather crude constant temperature room was constructed. As a result of preliminary experiments conducted in this room sufficient data of a positive nature were obtained by Doctors H. Freeman and J. Gottlieb to warrant expansion of the work and more elaborate construction to eliminate technical errors which cannot be avoided in the present room.

New equipment purchased during the year consisted of a muffle furnace for the laboratory; a "silk scale" for measuring insensible perspiration; a Boas cardiometer which will be used for the study of emotional changes as reflected by the pulse rate and the effects of graded work on the pulse rate; and a Benedict-Collins Metabolism apparatus.

Particular emphasis has been placed on preparation of accrued material for publication. During the fiscal year the following articles have been published; excerpts from the summaries and conclusions are given.

1. Oxygen consumption (Basal Metabolic Rate) in Schizophrenia. R. G. Hoskins, *Arch. Neur. and Psychiat.* 28: 1346, Dec. 1932.

The rate of oxygen consumption under conventionally satisfactory conditions was determined in 214 male schizophrenic patients. The average was 88.3 per cent of standard normal. One to fifteen readings were made per individual patient. The average lowest reading in the series was 81.1 per cent. Evidence is given that this more nearly represents the true basal rate than the 88.3 figure. The average sub-group rates were — catatonic 87.9 per cent, hebephrenic 89.4 per cent, paranoid 87.9 per cent, indeterminate 88.8 per cent, and simple 95.0 per cent. Schizophrenia is characterized by a systematic downward displacement of the oxygen consumption rate.

Further work on this problem will be carried out during the ensuing year. Work directed toward ways and means of normalizing the lowered rate has been reported in previous years.

2. The Effect of Habituation on Blood Pressure in Schizophrenia. H. Freeman, *Arch. Neur. and Psychiat.* 29: 139, January 1933.

A study was made of the systolic and diastolic blood pressures in 50 cases of schizophrenia, in three periods, three months apart. The mean values of the systolic pressures in the three periods were 105.2, 99.6, and 100.3 mm. hg. respectively. Diastolic pressures were 65.5, 55.5, and 60.8 mm. respectively. Season, nutrition, anemia and oxygen consumption rates were excluded as factors causal in the production of the lowered pressures. Sedentary life was probably not a significant factor. The fall in systolic pressure on repeated determinations is ascribed to habituation to the environmental situation. The observations serve further to emphasize vascular hypotension as a characteristic of schizophrenia. The mechanism of its production presents a problem for further research. Experiments are under way at this time for further elaboration of this finding and will be continued.

Inasmuch as hypotension has been definitely shown to be a characteristic of schizophrenia, methods for treating the condition had to be devised. The following communication is the direct result of part of our therapeutic research plan.

3. Some Effects of a Glycerin Extract of Suprarenal Cortex Potent by Mouth. R. G. Hoskins and H. Freeman, *Endocrinology*, 17: 29, Jan.-Feb. 1933.

Ten schizophrenic patients, initially presenting low blood pressure, were treated for ten weeks with Glycerin Extract of Adrenal Cortex. Dosage was gradually increased from an equivalent of about 100 grains to 450 grains of fresh gland substance per day. The average initial systolic pressure was 105.7 and the final pressure 132.5 mm. hg. Similarly, the diastolic pressure was increased from 69 to 84 mm. There was an irregular increase in weight from an average of 62.6 kg. at the beginning to 65.4 kg. at the end of treatment. There was also a fairly consistent increase in the red cell counts of about 300,000 on the average per patient. At the end, the increase had fallen to about 150,000 cells above the initial level. There was evidence of early stimulation of renal function with later return toward initial levels. Investigation is to be extended.

Noto, an Italian investigator, has reported that the ingestion of 1 gram of tyrosine by schizophrenic patients resulted in the production of aromaturia and aromatemia, which in turn was attributed to a defective liver. We have repeated this work.

4. The Effect of the Ingestion of Tyrosine on the blood phenols and the blood uric acid as determined by the methods of Folin and Benedict. J. M. Looney, *Jour. Biol. Chem.*, May 1933.

Results of this study on 48 schizophrenic patients indicated that the two methods are not measuring absolutely identical substances, as Benedict's method is affected by changes in phenols as well as by changes in uric acid. No association could be shown between changes in blood phenols and the increases in tyrosine in the blood. The excretion of phenol in the urine could not be correlated with the phenol content of the blood. The above paper, dealing with the technical phase of the subject, did not show, as actually happens, that in schizophrenic patients of the period of hospitalization with which we are dealing, no phenols were present in sufficient amounts in either the blood stream or the urine to have had a toxic action. How-

ever, we were dealing with longer hospitalized patients than the Italian investigator and this phase of the work remains to be done with some technical variations.

5. Organic Functions in Schizophrenia. R. G. Hoskins, and F. H. Sleeper, *Arch. Neur. and Psychiat.* 30: 123, July 1933.

An epitomized account is given of the results of the study of physiologic functions in schizophrenia, as brought out by repeated tests on 57 male subjects over a period of seven months. Patients were on the average 16 per cent under weight, showed a high incidence of poor circulation in the skin, irregularities of the pupils, abnormal reflexes, poor teeth, and depression of the blood pressure, oxygen consumption, and, to a slight extent, the pulse rate. The level of protein metabolism showed no significant correlation with the rate of oxygen consumption as it did in a control series. Total urinary volume was twice that of normal controls, which suggests abnormal functioning of the diencephalon, or of the posterior lobe of the pituitary gland. There was a high incidence of moderate secondary anemia, and leucocytosis. The average red and white cell counts were 4,957,000 and 10,477 respectively; differential counts were normal; sedimentation rate and Schilling Index were commonly normal. In individual cases, venous oxygen was strikingly low, but the average was substantially normal. The functional efficiency of the liver tested in a variety of ways, indicated a variable inconsistent inefficiency in a considerable proportion of the cases. Nearly all the functions studied showed high individual variability. The ability of the body to maintain a "steady state" in schizophrenia is diminished. Some functions are basically displaced in an upward, others in a downward direction.

6. A Cooperative Research in Schizophrenia. R. G. Hoskins, F. H. Sleeper, D. Shakow, E. M. Jellinek, J. M. Looney and M. H. Erickson. *Arch. Neur. and Psychiat.* 30: 388, August 1933.

This paper describes the Worcester project in several aspects. The functions of the laboratories devoted to organic and psychologic features of the research are outlined. The methods by which psychiatric observations were made are discussed. The recording and handling methods used in dealing with the data are recounted. The project has proved to be practicable and productive.

7. Blood Cholesterol in Schizophrenia. J. M. Looney and H. M. Childs. *Arch. Neur. and Psychiat.* 30: 567, September 1933.

Approximately 50 men with schizophrenia were studied over a period of seven months at intervals of two weeks and three months. The mean cholesterol values were: for the first period, 146 mg., second period, 161 mg.; third period, 166 mg. The mean value for 26 normal men was 175 mg. Both schizophrenic patients and the controls showed great variability in cholesterol values, the former having a standard deviation of about 20 mg. and the latter about 27 mg. No correlations could be shown between the blood cholesterol and the basal metabolic rate or the emotional status. Schizophrenia seems to be characterized by a slight degree of depression of the cholesterol content of the blood.

8. The Fasting Blood Sugar in Schizophrenia. William Freeman, M.D., *Am. Jour. Med. Sc.* 186: 621, November 1933.

Six samples taken from 59 male schizophrenic patients, making a total of 347 determinations, form the basis of this report. The conclusion is drawn that schizophrenia is characterized by normal fasting blood sugar levels, but the individual variability is somewhat greater than in normal subjects. Thirty-one normal subjects acted as controls for this study.

9. Schizophrenia from the Physiological Point of View. R. G. Hoskins, M.D. *Annals of Int. Med.* 7: 445, 1933. Read before the American College of Physicians at Montreal, Quebec, February 9, 1933.

This paper emphasizes the marked variability from one functional test to another. In most regards, the average functional level was essentially normal. The galactose tolerance averaged 22 grams as compared with a reported normal average of 30 grams. The motor functions of the colon were retarded. The complex of functions centering about oxygen metabolism was found to be characteristically abnormal. There are suggestions that pituitary deficiency may play an important role. It is suggested that further studies as to how these abnormalities are brought about may throw significant light on the cause of the psychosis.

Several papers have been accepted for publication.

1. The concomitance of organic and psychologic changes during marked improvement in schizophrenia. M. H. Erickson. *Am. Jour. Psychiat.*

Three distinct psychiatric states, namely stupor, recovery from stupor, and a condition of apparent recovery from psychosis were found, for each of which a physiologic cross-sectional study was made. During the stuporous state, the patient was under weight, had diminished oxygen consumption, reduced body temperature, polyuria, and delayed colonic emptying time. During the second period, the patient had recovered from the stupor, had gained weight, had a still further slight decrease in his oxygen consumption rate, slight increase in body temperature, mild secondary anemia, low venous and arterial oxygen content. Other findings were normal. During the third period, the patient had gained weight, normal oxygen consumption rate was recorded, normal body temperature and except for a marked polyuria, and low venous oxygen content, there was no significant deviation from normal. There is evidence suggested of pituitary deficiency, manifested at about puberty and also during the first and third periods of the study. However, the fluctuations noted could likewise be attributed to an abnormal function of the hypothalamus. Coincidental with the changes in the psychiatric and psychological spheres, there have been corresponding or opposite fluctuations and variations in the organic sphere. When more studies of this nature have been made possibly an answer to the question of functional interdependence may be achieved.

2. Blood Sedimentation Rate in Schizophrenia. H. Freeman. *Arch. Neur. and Psychiat.*

A study was made of 50 normal and 47 schizophrenic men in whom selection was made on the basis of relative freedom from detectable infectious processes. In the normals, the mean sedimentation rate was 0.26 mm. per minute; of these, 20 per cent had rates more rapid than the conventional normal limit of 0.35 mm. In the schizophrenic subjects the determinations were made on three occasions in seven months. The mean values for the rates were 0.32, 0.24, and 0.29 mm. per minute. These were all within normal limits and were not significantly different from one another. Sub-classes showed no significant differences in the sedimentation reaction. The sedimentation rate in non-infected subjects showed a mean variation of only 0.09 mm. per minute over a seven month period and seemed to be a characteristic feature of each person. There was no diurnal variation of the sedimentation reaction. Infection being excluded, schizophrenia is characterized by normal blood sedimentation rate.

3. A Comparison of the Methods for Collection of Blood to be Used in the Determination of Gases. J. M. Looney and H. Childs. *Jour. Biol. Chem.*

A new method for collecting and handling blood for gas analysis, using a capped syringe, is described and is shown to be superior to the methods now in use in preventing error caused by the diffusion of the gases through the oil layer used in the ordinary method.

4. The Sensory Threshold to Direct Current Stimulation in Schizophrenic and Normal Subjects. P. E. Huston, *Arch. Neur. and Psychiat.*

As a check upon the statement that high faradic current thresholds are found in about 50 per cent of dementia praecox patients, a technic of direct current stimulation was employed. This revealed no significant differences between the schizophrenic group and a comparable normal one in the means of the two groups, the scatter about the mean, the mean variation within individuals, the interval between the ascending and descending series, and the course of the threshold. Reasons for the failure to confirm Grabfield's results are advanced.

5. Manganese Treatment in Schizophrenia. R. G. Hoskins. *Jour. Nerv. and Ment. Dis.*

This paper points out the relative inadequacy of colloidal manganese in the treatment of schizophrenia.

6. Further Studies on a Glycerin Extract of Adrenal Cortex Potent by Mouth. H. Freeman, F. E. Linder, and R. G. Hoskins. *Endocrinology.*

This is a complete confirmation of the results of the preceding study mentioned.

7. The Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects. H. T. Carmichael and F. E. Linder. *Amer. Jour. Med. Sci.*

Schizophrenic subjects have a mean difference between oral and rectal temperatures, taken simultaneously, of 0.54°F as contrasted with the figure of 0.95°F for normal subjects. Normal subjects individually showed more variation than did the individual patients. While the difference between the two groups may in part be accounted for by greater activity of the normals, results suggest that the heat regulating mechanism in the schizophrenic subjects may be different than in the normals.

8. A Biometric Study of the Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects. F. E. Linder and H. T. Carmichael. Human Biology.

In a biometric study of the relationship between oral and rectal temperatures of 25 schizophrenic patients and 24 normal subjects, 24 simultaneous oral and rectal temperature measurements were made on each. Analysis of the data showed essentially the same mean oral and rectal temperatures for the two groups. But significant differences found in the degree and manner of the relation of oral to rectal temperatures indicate that the organization of the temperature regulating mechanisms in schizophrenia is different than in our normal controls.

9. The Schizophrenic Personality with Special Regard to Psychometric and Organic Concomitants. R. G. Hoskins and E. M. Jellinek.

Invitation to present this paper before the Association for Research in Nervous and Mental Diseases has been received.

A comparison of variation from individual to individual in schizophrenics with the variation amongst normal controls gives evidence of the heterogeneity of the schizophrenic group. The authors believe that no theory can be advanced until strict separation of the various diseases classified as schizophrenia has been accomplished. However, on the basis of studies of the variation within given individuals and of studies of correlations within these individuals, but chiefly based on the investigation of blood pressure relationships as indices of autonomic integration, they predict that in the major part of the group the essential etiology will prove to be defects of integration rather than primary organic abnormality. They extend Bleuler's label to include "split physiology" as well as "split mentality".

The following papers have been submitted for publication but no formal acceptance has yet been received.

1. Studies on the Phytotoxic Index. I. Results in 68 male schizophrenic subjects. William Freeman and Joseph M. Looney.

2. Arm-to-carotid circulation time in Normal and Schizophrenic Individuals. H. Freeman, M. D.

3. The Effects of Dinitrophenal on the Metabolism as seen in Schizophrenic patients. J. M. Looney, M. D. and R. G. Hoskins, Ph. D., M. D.

4. The Gas Content of Arterial and Venous Blood of Schizophrenic Patients. J. M. Looney, H. Freeman, and E. M. Jellinek.

The following resume by title of the researches completed during the year by the Psychology Department, taken from the annual report of D. Shakow, Chief Psychologist, indicates concisely the type of problems being studied.

1. Study of psychological "condition" in schizophrenia and normal controls by means of the Miles pursuit-meter.

2. Study of concentrated learning in schizophrenia and normal controls by means of the prodrometer.

3. Oscillographic study of the patellar tendon reflex in schizophrenia and normal controls.

4. Reaction time under varying preparatory intervals in schizophrenia.

5. Effect of sex and personality of examiner on Kent-Rosanoff association test results in normals.

6. Rorschach results obtained from schizophrenics.

7. The Healy picture completion test II in psychotics — particularly schizophrenics.

8. The Kent-Rosanoff Association Test in Schizophrenia.

9. The effect of time spent on a task on achievement as exemplified in the difference between the scores on a 20 and 30 minute Otis self-administering test in schizophrenia.

10. The Stanford-Binet in schizophrenia and other psychoses.

11. The observations of the behavior of a group of young schizophrenic women during the occupational therapy hour.
12. Simple auditory and simple and choice visual reaction time in schizophrenic and normal controls.
13. Ideational learning and habit interference in schizophrenic and normal controls as measured by the S-K symbol digit test.
14. Finger dexterity in schizophrenia as measured by the G. E. Pinboard.
15. The performance of schizophrenics and normals on the K-S formboard series.

Some of the material named above is ready for submission to Journals; preparation for publication of the remaining data will occupy considerable time of this department during the ensuing year.

Two papers were presented at the American Psychological Association Meeting.

1. An Experimental Study of Hypnotically Induced Complexes. P. E. Houston, D. Shakow and M. H. Erickson.

2. The Behavior of Schizophrenics in a "Free" Situation. M. Rickers.

This study reports that paranoids respond freely to a new environment, that their reactions are of a differentiated nature and their behavior is similar to that of normal controls. Catatonics very often do not react at all to a new situation. Occasionally, however, one or two objects attract their interest and in this case the resulting occupation is even deeper than in paranoids. Hebephrenics are highly responsive to a large number of environmental objects, but the interest is seldom of a lasting nature. The environment operates on the "indeterminate" group in a superficial way, without producing in them real interest. An explanation for these findings is advanced along psychological lines.

A total of 28 addresses were given by members of the Research Service during the year.

The year has been notable chiefly for definite increases in our knowledge of the physiology of schizophrenia. The concept of inefficiency of integrative physiological mechanisms has been applied to the group. The general problem has been clarified to a greater degree than heretofore as a result of the analysis of accrued material.

Plans for the next year contemplate emphasis on the gathering of control data, the possible establishment of a ward exclusively for therapeutic purposes and projects directed toward evaluation of autonomic efficiency in these patients. Sufficient work has been done on the psychiatric evaluation of various traits of the patients to tell us which traits can be quantitated. This information is of vital interest. The accumulation of such data is tremendously time-consuming and requires a greater personnel than we have available to carry on as far as we would wish. Work on this project will be continued, however. It is hoped that hormonal assays on the blood may be carried out on a systematic basis. Other plans for the year are alluded to in the body of the report.

WORCESTER CHILD GUIDANCE CLINIC

The following report of the Worcester Child Guidance Clinic is submitted by Dr. William A. Bryan, Superintendent of the Worcester State Hospital.

WORCESTER CHILD GUIDANCE CLINIC — ANNUAL SERVICE REPORT

I. REPORT OF CASE LOAD:

a. Carried Cases:

	Boys	Girls	Total
1. Cases carried over from last year			452
2. Intake — a. New cases accepted	146	55	201
b. Old cases reopened:			
(1) last closed before present year	5	3	8
(2) last closed within present yr.	1	—	1
3. Total cases open at sometime in this year			662
4. Cases taken from service	116	70	186
5. Cases carried forward to next year			476
b. Closed cases followed up (not reopened)			31
c. Applications rejected			10
d. Withdrawn cases			29

II. TYPE OF SERVICE CLASSIFICATION:

a. *New Accepted Cases:*

6. Full service a. Clinic staff cases	96
b. Cooperative cases	42
c. Full service cases not a or b	35
7. Special service	31
8. Mental health study	6
9. Total new cases accepted	210

b. *Total Cases open at Sometime in this Month:*

10. Full service a. Clinic staff cases	427
b. Cooperative cases	110
c. Full service cases not a or b	68
11. Special service	50
12. Mental health study	7
13. Total cases open at sometime this year	662

c. *Cases taken from Service:*

14. Full service a. Clinic staff cases	87
b. Cooperative cases	48
c. Full service cases not a or b	21
15. Special service	26
16. Mental health study	2
17. Total cases taken from service	186

III. SOURCES REFERRING NEW ACCEPTED CASES:

	<i>Full</i>	<i>Special</i>	<i>Mental Health</i>	
18. Agencies a. Social	43	13	—	56
b. Medical	5	1	1	7
19. Schools a. Public	18	4	—	22
20. Juvenile court	66	—	—	66
21. Private physicians	1	7	4	12
22. Parents and relatives	40	6	1	47
23. Total new cases accepted	173	31	6	210

IV. SUMMARY OF WORK WITH OR ABOUT PATIENTS:

a. *By Psychiatrists:*

1. Interviews with patients a. for examination	201
b. for treatment	1,159
2. Interviews about patients	318
3. Physical examinations by clinic staff members	193

b. *By Psychologists:*

1. Interviews with patients a. for examination	197
b. for re-examination	30
c. for treatment	492
2. Interviews about patients	86

c. *By Social Workers:*

1. Interviews in clinic	961
2. Interviews outside clinic	1,521
3. Telephone calls	1,325

d. *Number of Cases given Initial Staff Conference:*

1. Full service a. Clinic staff cases	72
b. Cooperative cases	83
2. Special service	57
3. Mental Health study	7

V. PERSONNEL REPORT: (Average staff during year)

	<i>Full time</i>	<i>Part time</i>
a. Regular Staff: 1. Psychiatrists	2-3	1
2. Psychologists	3	
3. Social workers	3	
4. Clerical workers	2	
b. Staff in Training 1. Psychiatrists	1	
2. Social workers	2	

- c. Volunteers: 1. Clerical workers 1-2
 2. Research 1

VI. OPERATING SCHEDULE:

- a. Schedule of clinic days and hours:
 9:00 to 5:00 daily
 9:00 to 12:00 Saturdays
 b. Schedule of attendance of psychiatrists:
 9:00 to 5:00 daily
 9:00 to 12:00 Saturdays

EDUCATIONAL SERVICES:

Number of lectures and courses given by —

Dr. Hartwell	65
Mr. Howard	10
Dr. Farrar	5
Mr. Toy	16
Miss Wyman	7
Mrs. Huston	2
Miss Rome	2

PUBLICATIONS:

See written material on following sheets for this information.

COMMITTEE MEETINGS AND CONFERENCES ATTENDED BY STAFF MEMBERS:

Number	Month	Occasion
7	February	Orthopsychiatric meeting, New York
3	May	Conference at Mass. General Hospital, Boston
7	May, June	American Psychiatric Association
3	July	Smith College, Meeting of Supervisors
5	September	State Conference of Social Workers, Wellesley

VISITORS TO CLINIC — OTHER THAN INTERESTED IN INDIVIDUAL PATIENTS

- a. Number from city 32
 b. Number from outside city 49
 c. Visitors of interest:

Dr. Mildren Creak, London Child Guidance Clinic
 Dr. Arthur Ruggles, Emma Pendleton Bradley Home, Providence, R. I.
 Dr. George Stevenson, Exec. Sec. Society for Mental Hygiene.
 Dr. Montgomery and Dr. Sands, Toronto, Canada.
 Dr. Beck, Germany
 Dr. and Mrs. Helgersson, Sweden.
 Dr. Dollard, New Haven.

WORCESTER CHILD GUIDANCE CLINIC

1. CARRIED CASES:

Cases Carried over from Last Year:

At the beginning of the year 1933, we were carrying 452 open cases. Approximately 50% of these cases were cases that were in the stage of treatment. By this is meant that the children, as the patients, or parents, or other important people in their lives, were being seen by some member of the staff for interviews or other contacts regularly and frequently. Most of the cases represented by the other 50% of this group are cases which have been active in the clinic for two or three years, and are held open because the child or his parents still occasionally wish to come to the clinic or to see the workers. Some of these children or their parents need very definite psychiatric advice and help occasionally. Others wish to have the contact continued because of the fact that they have been helped and get security from knowing that the staff members are still their friends, and are people who can appreciate their successes and adjustments. The year 1934 opens with 476 open cases. This slight increase is very gratifying since it means that the staff is now at least carrying the same volume of work that it did a year ago despite the fact that the average size of the staff throughout the year has been somewhat smaller than it was the year previous.

By comparing the average case load which is 450 and dividing by the average number of cases received during any year, one sees the average time a child is carried as a treatment case in the clinic is two years.

Intake:

The total number of new cases accepted during the year was 201, and 9 cases were reopened. This last item requires considerable explanation. It is the policy of the clinic to consider three points when accepting cases. There are many more cases that are (in one way or another) referred to the clinic than is represented by the figure of those accepted. When parents or agencies ask to have a child accepted by the clinic, the first thing that is done is to have the parents or the agency worker come to the clinic, with the child's record, if one is available, and discuss the problem with our chief social worker or her assistant.

Three factors are weighed when the case is being considered for acceptance by the clinic: —

First. Does the child or its parents need the kind of service which we offer? In other words, is a part of the problem based on the mental health, the personality, the emotional experiences or attitudes of the various people in the family situation, who are accountable for a considerable part of the problem?

Second. Is the child's environmental situation such that, if these problems are dealt with, the child or his parents can benefit by a change in their mental life; or can our social worker, or in agency cases their social worker, change the environmental situation, if it is so pernicious or abnormal that the clinic treatment alone could not be expected to accomplish results?

Third. Is the need for help that a child guidance or mental hygiene clinic can bring great enough to warrant the making of a full study, conducted as it always is in our clinic, with the idea that treatment will probably be necessary?

When the answer to any of these three questions is definitely in the negative, the case is not at that time accepted for study and treatment in the clinic. However, the clinic does give service to the unaccepted cases during the referral interviews. For the first group we attempt to help the parents or others referring the child to see what the problem is, and often can give advice, such as environmental changes or methods of dealing with the child in habit training or disciplining, which if carried out will solve or partly solve the problem. The second group, those where in our opinion the situation is too pernicious and too undesirable for successful treatment, we can often refer the case to some other agency such as a child placing agency or the S. P. C. C., where the problem may be more constructively dealt with. Quite frequently such cases come back to us later and are accepted. In the third group, those in which the problem is comparatively simple, we are very often able to do as much for the child in one or two interviews with the parents, as we would were the child to be accepted for full study and treatment, thus avoiding unnecessary work and use of the time of various members of the staff. Notes of these interviews are kept. Quite frequently the referring person comes back later for further advice. Sometimes the case is accepted later, and these notes are very useful to us. They do not appear in the statistical report of our work although they do represent in our opinion a considerable part of the actual constructive work we do.

As will be seen later in the report, we deal with a large number of agencies. We accept all the cases referred to us from a very few of these agencies. Chief among them we should mention the juvenile courts. Because of the law requiring a compulsory examination of all children before being committed as wayward or delinquent, and since the Child Guidance Clinic is the only agency at present equipped to make this examination in this community, it is necessary for us to do this. The small group of cases with whom we have no opportunity to do a thorough study or treatment, because of the fact that they are to be committed no matter what advice we give, are the most unsatisfactory group of cases with which we deal. None of these come from the Worcester Juvenile Court where the judge and the probation officers are always ready to continue a case or put the child on probation if we say at the time of the initial examination that we think the case may be dealt with through clinic and probation treatment, or placing by a child placing agency. Some of the outlying courts do not take this attitude. Cases referred by child placing and family welfare agencies are all accepted. These agencies have trained workers who can be relied on to use excellent judgment as to whether or not the case is an appropriate one for us.

Old Cases Reopened:

The number of old cases reopened is small. This is accounted for by the fact that it is the policy of the clinic not to close a case if we feel that the child or the parents would like to have occasional contacts with us, even if in the ordinary meaning the case has been adjusted successfully. This policy decreases the number of new cases that may be accepted, but we feel that a very definite part of our goal should be the understanding of the results, whether they are good or whether the case ends in failure, by the people who have worked with the case. In the last analysis, unless we can come to this understanding we are not progressing in technique nor will we be helped to establish or discredit any ideas that preventative psychiatry is advancing.

Total Cases Open at sometime during the Year:

This is a purely statistical number and needs no comment.

Cases Taken from Service:

When one discusses the closed cases, the most important thing of course is to decide whether or not the success or failure has resulted from the clinic study and contacts. This is at best a difficult thing to do. First, one must realize that a success in one person's opinion is not a success in another's. Second, that the child lives in the community and other factors are working both for the desired and undesired results. And, third, one may not always know the exact facts, especially about a case where the contact has not been frequent for the period before the closing of the case. Among our patients are a number who are considered in the early stage of psychosis, and a larger number who are definitely showing neurotic symptoms. A very gratifying percentage of these cases seem to have definitely improved, but the true evaluation of the work can never be made until the individual dies since there is always the possibility of recurrence.

The closed cases considered from the standpoint of the evaluation of the work the clinic has done should be divided into two groups. First, the group who are referred to us for diagnosis and advice. Practically all the cases coming from the Juvenile Court, come under this category. Cases referred from other child guidance clinics are in this group and some cases from the other agencies. We are ordinarily able to give this service in every case and so, considered from this standpoint, these cases would appear in the statistical report as always being successful. The other group of cases are those for whom we take the responsibility not only for the examination and diagnosis, but for treatment. They present a very definite problem in evaluation. No attempt will be made to make a definite statement of success or partial success or failure, but with these latter cases considered as a group by themselves, it is the consensus of opinion of this staff that we have obtained a considerable measure of success, that is, changes in the child's mental life or adjustments have occurred that will be of permanent value, in two thirds of the cases. In many of the cases that are at least comparative failures as far as changing the child is concerned, we have had a real success in helping the parents in one way or another to better understand or face their problems.

Closed Cases Followed up:

Again because of our policy of not closing cases as long as we feel our service is desired, or that we may be of some service, this number is small compared with some other child guidance clinics.

Applications Rejected:

This does not cover the total number of children that are in various ways presented to us with the idea that we may be of service to them. They represent such cases that at the original referral are thought to be appropriate cases, for study and treatment, but which on more complete investigation it is considered unwise or inappropriate to accept. There are times during the year when the demand on the clinic from the court is heavy and some cases must be rejected because of the lack of time that have been put on the tentative list for study. It is the clinic's policy as will appear later in the report to keep the case loads down to the place where we will be able to do a thorough job with all cases active in the clinic.

II. TYPE OF SERVICE CLASSIFICATION:

The clinic endeavors to adapt its services to the needs of the particular case which comes to the attention of the staff. The major criteria for judging whether the case needs clinic service have been discussed under "Intake." Besides these criteria the amount and kind of service must be considered.

Since the clinic tries primarily to be a treatment organization, the largest number of cases goes under the service classification.

Clinic Staff Cases. By this group we mean those which are studied and diagnosed by the three departments — social service, psychiatric and psychological, and are treated by one or more of the departments. When a case is accepted under this classification, in the referral interview, the social worker becomes acquainted with the family of the child, the teacher, and any other people who seem to be vital factors in his environment, such as the family physician, club leaders, or others, in order to obtain an understanding of the attitudes which are influencing him and to lay the foundation for modifying these influences if later it is found necessary to do so. Next, the child is seen by the psychologist and psychiatrist in the clinic for examination. Examination here, as in the social service study, involves becoming acquainted with the child enough so that besides diagnosis of the condition, foundation is also laid for his returning to the clinic for treatment. The case is then discussed by the staff members who have made the study and treatment plans are formulated. The method of treatment and the person or persons who will carry it on are then decided.

There is also a large number of cases which are handled under the classification *Cooperative cases*. In these, some social service agency, such as child placing, family welfare, etc., is working with the family and refers the child. The child is examined and treated by the psychiatrist and psychologist, and the social service continues to be handled by the referring agency. Occasionally the social workers consult with the clinic social worker as to procedure, and always she keeps in close touch with the treatment which is being done by the clinic psychologist and psychiatrist.

Full service cases not a or b are those which are accepted for service in one or more departments of the clinic, but which are not handled in the routine ways described in the two preceding paragraphs. An example of this type is a child referred by the juvenile court for advice as to whether he should be committed to a correctional institution, placed on probation or treated in the clinic. From the probation officer's report and the child's examination, it is decided that further understanding of the environment is necessary, or that the child needs treatment in the clinic. The necessary service is then rendered after the initial examinations have been done. It may involve a psychiatrist, psychologist, and social worker, or any one of the three. Cases referred from sources other than the juvenile court may be served under this classification.

Besides these three sub-headings of Full Service, there are other services rendered according to the desires of those referring the case and the needs which the clinic staff sees.

Advice cases are those which are examined by the psychiatrist and psychologist after a brief report of the social situation is obtained by either the clinic social worker or through some other source. The diagnosis and advice as to treatment or disposition are then given to the person referring the child, and no further service is rendered, by the clinic. Many of the juvenile court cases are handled in this way. Some of those referred by private physicians, social agencies, and others may also have this type of service.

A few children are examined at the clinic when there is a specific question as to the *mental health*. Such a question may be, "Should this child be adopted by certain foster parents who are interested in him?" or "Should this child be committed to a school for the feeble-minded?" or "Is this adolescent suited for the vocation which his parents have chosen for him?" In these cases, the clinic endeavors to answer the specific question by using whatever resources within the clinic are necessary, by as quick a method and with as few motions as possible.

III. SOURCES REFERRING NEW ACCEPTED CASES:

As the work of the Worcester Child Guidance Clinic is going along from year to year, it seems that one of our most useful services, and, we feel, one of our most

important problems is to help other agencies to coordinate their work and have a friendly and understanding relationship with one another. To this end we very frequently invite the workers from several different agencies who have in some way had contact with the families, to come to our case conferences, and very often problems that have caused misunderstandings, even though they may not directly concern the particular case being conferred, are ironed out. It frequently happens that the Child Guidance Clinic is the connecting link between two other agencies that seldom have contact with one another. Often through the clinic, working associations and agreements are formed, that makes for pleasant and understanding relationships between the agencies. Duplication of efforts is often avoided.

The following agencies have referred cases during the year 1933:

Hampden County Training School	Worcester Childrens' Friend Society
Worcester Juvenile Court	Travelers Aid Society
Brookfield Juvenile Court	City Hospital
Southbridge Juvenile Court	Lynn Child Guidance Clinic
Webster Juvenile Court	Memorial Hospital, O. P. D.
Worcester State Hospital	District Nurses Clinic
Board of Public Welfare	Fall River Childrens' Home
S. P. C. C.	Division of Child Guardianship
Girls Welfare Society	Springfield Family Welfare
Associated Charities	

From parents and relatives, we accepted 47 new cases, which is about 23% of the total new cases last year. The clinic is highly satisfied with the fact that the number of cases referred by parents and relatives is as high as it is. The percentage of referrals from this source has been gradually increasing during each of the past five years. It is within this group that we have our best success, and within this group too that we find the cases where we are often able to deal with all the members of the family. Quite obviously psychiatric treatment that can so deal with the total personal situation is most apt to be permanent and creative.

IV. SUMMARY OF WORK WITH OR ABOUT PATIENTS

By Psychiatrists:

For examination. The original interview of the psychiatrist with the patient is often the keystone of the treatment of the case. An attempt is made in all cases to establish at least a friendly and confident attitude with the child. In many cases a much deeper rapport must ultimately be made if treatment is to be successful. Whether or not an attempt is made to establish this intimate relationship in the first examination is determined partly by the child's attitude toward the doctor and examination, and partly by the nature of the problem. For instance, if it seems from the history of the case that the father or mother should really be the one who is going to carry on the treatment, care is taken not to let the doctor become too important or let the child tell too much about his problems at first. There is nearly always one interview that stands out from among the rest, as the one in which the child faces with the doctor the real problem.

For treatment. The nature of the psychiatric interview between the child and the doctor, which is part of the treatment, varies greatly with the type of the problem. For the neurotic child the interviews are usually more formal and take on the nature of an analysis or an attempt to give the child insight into the motivations and experiences which are the basis of the problem. In the instance where the child feels himself to be unloved and unaccepted, the interviews are much more apt to be an informal friendly sort, and in this clinic, in certain cases, the psychiatrists interview children in other places, such as their homes, or when riding in an automobile.

About patients. Very frequently the psychiatrist interviews the parents of the children so that he may obtain a first-hand knowledge of their personality and their attitudes toward the child. In not a few cases are the parents themselves taken for therapy. These interviews are important and time-consuming, many of them taking place in the evening.

Physical examinations. Ordinarily the psychiatrist who is going to deal with the child psychiatrically makes the physical examination. An occasional exception of this is made when the director of the clinic wishes to have an opportunity to casually meet the child, and the physical examination is then made the natural

excuse for this. The clinic is not equipped to make a complete physical examination though an attempt is made to do a thorough enough one so that any obvious diseases or defects will be recognized as part of the child's problems. Very frequently the parents are advised to take the child to their own family physician or if one is not available, to the out-patient department of one of the hospitals for complete physical check-up. Even though the child has had a complete examination recently, the routine examination is done since it is felt that it is well for the child to recognize that the psychiatrist is a physician.

By Psychologists:

It is the aim of the psychological department to do more than find the child's ratings on various types of tests. Quite as important in getting a picture of his intellectual capacities is the observation and report of personality traits and mental traits shown in his attitude toward the tests, his method of working together with an analysis of his successes and failures. Is he willing, cooperative and interested? Is he a self-reliant, persistent worker, or does he require continual urging and encouragement? Is he spontaneous and does he show initiative or does he do just what is required of him? Does he pay close attention or is he distracted by things about him? Does he know when he has done well and when poorly? In what does he do his best work, and in what his poorest? Such observations as these contribute to our understanding of the child's problems and the possibilities for helping him.

The total number of tests given is somewhat more than the number of children studied. A small group of these represent retests. It can be understood that frequently the child has not done his best work because of lack of effort or interest, lack of self-confidence, temporary illness or fatigue, temporary emotional upsets or poor testing conditions. In recommending a retest, we consider that he will probably be able to better do the tests when these handicaps are removed. Particularly in the case of very young children are retests advisable, since test ratings can hardly be considered more than approximate.

Where the problem is largely psychological as in the case of speech and reading disabilities, intensive treatment is carried on in the psychological department. Tutoring in school subjects such as arithmetic and reading is advisable in cases where personality maladjustments seem to be largely responsible for failure. In treatment of speech defect, both articulatory defects and more especially in the case of stuttering, the emphasis is on personality adjustment. Where such intensive treatment is being carried on, the psychologist finds it advisable to consult frequently with parents or teachers for mutual suggestions and help.

It is the policy of the clinic to combine these special psychological treatment plans with study and treatment that is in essence psychiatric. Our psychologists are being encouraged to develop treatment technique and are each of them carrying for full treatment a number of cases where only a part of their problem is purely psychological. As far as time permits some attempt at research is being made in problem of stuttering and stammering, and we are at all times keeping full records on these cases with the idea that more intensive research both in etiological and therapeutic fields may be made on our case material.

By Social Workers:

The social workers' interviews include those with the patient and with his parents, teachers and others who know him. In the 2,382 interviews reported for last year, three-fifths were held outside the clinic building. It is safe to suppose that over one-half of this group were with parents of the child, the smaller half probably representing consultations about the patient with other people. Obviously the relationship of the parents to the children is the most important one in the study and treatment. The interviews listed include those held in the study of the case and those held for subsequent treatment.

The telephone calls listed do not include routine calls for the making of appointments and other minor details, but are only those in which the study or treatment of the case is definitely advanced.

Staff Conferences:

The staff conferences on our cases are considered a very important part of our procedure. The original conference on a case that is being given full study and

that we are probably taking for treatment, usually occupies about an hour and a half. If the child has been referred by another agency, or if another agency is in contact with the child or his family and their attendance would be helpful either to us or the other worker, these workers are always invited and urged to come to the case conferences. An attempt is made to make these conferences a teaching activity as well as a place where decisions are made about the case itself. Cases are frequently re-conferenced shortly after they are conferenced the first time. If new material is brought to light, especially through the psychiatric study, we try in so far as time will permit to re-conference the case. Because of the fact that the clinic is at all times very busy, these re-conferences are often held between the psychiatrist and the social worker without the other members of the staff sitting in.

V. PERSONNEL REPORT:

The average number of people giving full time to the clinic throughout the year has been about 13. The clinic is very fortunate in having had, during the year, a number of trained volunteer workers who have come to us for long or short periods that they might observe the work of the clinic and in some cases enter into the work. Only a few of the many people who have offered to do this volunteer work have been accepted. If our staff could be larger, so that we could carry on the work and have more time for teaching and conference activities, we could make many excellent contacts for the clinic and the hospital that we are unable to make at present. Several doctors and psychologists from other parts of the United States and from other countries, have spent two or three days at the clinic at various times during the year. Several have expressed the wish to come and do volunteer work for two or three weeks or a month. We feel we cannot in justice make this arrangement since if they are to receive any benefit from such a stay, the staff would have to spend more time with them than we are justified in doing, when we consider the case load we are carrying. When they can spend a long time, it is not so true, and as will appear in another part of this report, a number of trained people are coming during the next year for more prolonged visits and work in the clinic.

VI. OPERATING SCHEDULE:

Considerable work is done by every member of the clinic staff outside of clinic hours. This is unavoidable both because of the size of our case load and because of the fact that often parents, especially fathers, cannot find time from their work to see the doctors or social workers during clinic hours. Very often a visit by the social worker to the home when all members of the family are there is a necessary thing if the social worker is to really understand the family relationships.

VII. EDUCATIONAL SERVICES:

One of the fundamental ideas back of the approach made to the problem of child guidance by the Worcester Child Guidance Clinic is that more children may be helped by studying a few children thoroughly and understanding the psychological and social mechanisms involved in the cases of these few children, and then passing the things we have learned or feel may possibly be true, on to others who are dealing with large groups of children, than by treating a larger group of children superficially. Whenever it is possible, the director of the clinic and the other members of the staff have accepted invitations to speak to groups of people who are interested in child guidance or mental hygiene, in all parts of the State. The 102 lectures that are listed statistically do not represent all that have been given since quite frequently staff members speak to groups without any formal plans having been made for this. More than half of these talks and lectures have been given, since quite frequently staff members speak to groups outside, in other cities and towns than Worcester. Among these might be mentioned Boston, Cambridge, Winchendon, Fall River, Hingham, Gardner, Newton, Springfield, Wellesley, Leominster, Harvard, Clinton, Millbury, South Hadley, Feeding Hills, Northampton, Amherst, Greenfield; Bangor, Portland and Brunswick, Maine; and Providence, R.I. The groups addressed cover a wide range. Among them might be mentioned: medical societies, institution staffs, parent-teacher associations, University Extension groups, ministerial associations, mothers' clubs, child welfare groups, mental hygiene societies, State Federation of Womens' Clubs, State Association

of Scout Executives, Girl Scout groups, Y. M. and Y. W. C. A. conventions, women's clubs, college faculty forums, and members of the Association of the Worcester Child Guidance Clinic. Most of these lectures are evening or late afternoon lectures. The following names are of those of the staff who have done this work and the number of talks that have been given after formal announcement in advance.

Dr. S. W. Hartwell	65	Miss Marian M. Wyman	7
Mr. Frank M. Howard	10	Mrs. Margaret F. Huston	2
Dr. L. O. Farrar	5	Miss Edythe Rome	2
Mr. Charles M. Toy	16		

PUBLICATIONS:

One of the regrets of the staff members is that while we have considerable material that it is planned to get into form for publication, the pressure of other work makes it impossible to get it into final form. Five Case Studies written in popular form for *Understanding the Child*, the Massachusetts Mental Hygiene Society's official publication, have appeared during the year. Two articles in *Child Welfare*, the National magazine of the Parent-Teachers Association, written by Dr. Hartwell, appeared during 1933. Two papers were read at the Orthopsychiatric and American Psychiatric Society meetings, that have not yet been published but which probably will be.

During the latter part of 1933, there has been prepared by the members of the clinic staff, a rather extensive report or classification. This is not to be published for general distribution. It will be a document of about 300 mimeographed sheets, will describe in detail interesting cases that have been treated and followed up during the past four years. There are 50 of these cases, and besides the cases presented, accompanying each case is a statement of the child, the parents and others as to their opinion of the treatment and help received.

Attendance of Staff Members at Meetings and Conferences:

The following is the list of association and committee meetings and conferences that have been attended by staff members:

- Orthopsychiatric meeting, New York
- Conference at Massachusetts General Hospital, Boston
- American Psychiatric Association
- Smith College, Meeting of Supervisors
- State Conference of Social Workers, Wellesley

One or more members of the staff have appeared on the programs of all these meetings. This includes only those groups of which we are members. A considerable number of other conferences and association meetings have been attended by the various staff members as observers.

Visitors:

The clinic feels that one of its important duties and privileges is to cooperate with others engaged in the same type of work, not only in specific cases, but in attempting to understand the whole problem of child guidance. We believe that those who visit the clinic profit from talking with the staff about their problems and our problems, and we are sure that we gain much from their contacts. There is very little concrete material that can be exhibited in work of this nature. The chief method of teaching and learning must be through discussion of special cases and of general theories and techniques.

During the past year there have been 32 visitors from Worcester and 49 from outside the city who have come to the clinic as visitors, rather than to discuss individual cases. Among these have been several students from foreign countries who are taking part in the Institute of Human Relation studies at Yale. Other interesting visitors have been: Dr. Mildren Creak of the London, England, Child Guidance Clinic; Dr. Ruggles of the Emma Pendleton Bradley Hospital, Providence, R. I.; Dr. George Stevenson, Executive Secretary of the Mental Hygiene Association; Dr. Montgomery and Dr. Sands of Toronto, Canada; Dr. and Mrs. Beck of Germany; and Dr. Dollard of New Haven, Conn.

VIII. OTHER ACTIVITIES:

Partly so that the budget of the clinic might be balanced, without dropping any of the staff members, and partly because of excellent opportunities to do educational work in other places, two members of the staff, Dr. Hartwell and Miss Grace Clark, chief psychologist, took a leave of absence during the summer; Miss Clark for six weeks, and Dr. Hartwell for one month. Dr. Hartwell spent the month in Maine, giving two formal courses in mental hygiene, one at Bangor and one at Portland, Maine, and making several other addresses to people in different towns and cities and to people who are interested in child guidance. Miss Clark spent the six weeks as a member of the staff of Dr. Blanton's school for speech correction in Williamstown, Massachusetts. The plan of this school is personality adjustment built around daily conferences with a staff councillor, but enriched and supplemented by group instruction in fundamental mental hygiene as well as a balanced camp regime of relaxation, recreation and dramatics.

One of the regular activities of the clinic is the conduction of the official examination of children two or more years retarded in school. Dr. Farrar, assistant superintendent, conducts the examination in all the schools assigned to the Worcester State Hospital. The records are kept at the clinic. The psychological service for these examinations is furnished by the State Hospital.

About two years ago a group of Italian boys ranging in age from 8 to 14 years were organized by Dr. Farrar, Mr. Howard, and Mr. Toy into a clinic gang. This was done in an attempt to see what could be accomplished with a group of boys who were borderline delinquents, living in a congested and undesirable neighborhood, by what might be called a semi-psychiatric plan. This has proved a very interesting piece of work. It has been continued throughout this year and while we do not feel that any startling facts have been learned, we do think that we have developed a kind of insight into such children's problems that we would not otherwise have done, and of course something has been accomplished in the way of helping these little waifs to a more wholesome attitude toward life and society.

It is felt that a child guidance clinic staff will coordinate their work better if their social life within the staff is well developed, and to this end we have frequently held parties, picnics and social excursions throughout the year.

The members of the staff are on numerous committees, etc. The director is a member of the executive committee of the National Committee for Mental Hygiene; the Committee on Crime; Massachusetts Civic League; National Committee for Social Hygiene; National Committee of Religious Education; Boys Work Committee of the Y. M. C. A. Miss Wyman is a member of the A. C. Case Committee, Executive Committee A.A.S.W., Chairman of Civil Service Committee of the Boston Council of Social Agencies; Boston Supervision Committee of A.A.P.S.W.; Case Committee of Y.W.C.A. Mrs. Huston is a member of two committees at the Y.W.C.A., Secretary-Treasurer New England Round Table Psychiatric Social Work; Chairman of Membership Committee, Worcester Chapter of A.A.S.W., A. C. Case Committee.

At Christmas time each year the Child Guidance Clinic takes as its particular group the boys we have known in the clinic who are now at Lyman and Shirley Schools. This includes all the boys from the city of Worcester, and some from outlying towns where the courts use the clinic for the official examination. The W.C.F.S., and the Y.M.C.A., and the Outdoor Sports Club, and many individuals and societies help us with this plan and we are able to bring some measure of cheer to these boys who are away from home in these state schools. Many of them receive no other Christmas. In addition to this, because of the generosity of these agencies and people, we are able to provide gifts for many of the poorer children we have known in the clinic and in a few cases where the family are known to us and to no other agency, we make family packages of toys and other gifts.

We cooperated with the program committee of the National Convention of Unitarian and Universalist Churches which was held in Worcester, in planning their mental hygiene afternoon, and as a part of this program, the clinic staff put on a demonstration case conference before this group.

In March of 1933, Dr. Hartwell spent a Saturday and Sunday at Cedar Hill where the conference of State Association of Girl Scout Leaders was being held.

These two days were occupied with talks, conferences, and discussions about the problems of the individual girl.

Once each month the Child Guidance Clinic holds a case conference for teaching purposes in the W. S. H. These conferences are attended by about 50 members of the staff and student group in the State Hospital. The group of theological students who spent the summer at the W. S. H. were taken for six teaching afternoons during the summer. Part of the time was spent in formal and informal talks and discussion with the group, and a part of the time in holding case conferences on appropriate cases. It is felt that it is an excellent thing for this group of young theological students to know something of the working of the clinic as well as to get some ideas about how a minister might deal with the personality problems that are sure to present themselves to him.

The clinic is particularly interested in a group of children who have been considered psychotic or borderline psychotic, and whom we have been able to handle as treatment cases. The results of treatment in some of these cases have been extremely satisfactory but we feel they present a special problem for the clinic since they must be observed carefully over a long period, even though they seemingly are now well adjusted.

PART II.

PLANS FOR THE COMING YEAR:

A. It is hoped that the staff may keep up the same amount and standard of service to the community during 1934 as it did during 1933. One of the factors that makes it probable that we will be able to continue to do this is that there are a number of trained, experienced people who wish to do volunteer work in the clinic during the coming year. Two or three psychiatrists are expecting to spend several months with us in the spring. There will be at least one trained social worker, possibly more, and a number of other people who will be useful in various ways are asking that they may come to the clinic and give their services in return for the experience and training they will get. Since we are unable of course to handle many more volunteer workers, we are enabled to choose those most trained and most experienced. It is planned to keep the average number of full time workers in the clinic up to 15 throughout the year 1934.

B. It is hoped that the clinic will continue to function as the mental hygiene center of the community. We plan to utilize every opportunity we have to establish ourselves in Worcester. We will cooperate with the Massachusetts Mental Hygiene Society in giving of University Extension courses, and in holding original conferences in various parts of the state. We have already begun a series of afternoon conferences with ministers from Worcester and nearby towns, who are interested in learning more about mental hygiene, child guidance, and the layman's part in the mental hygiene treatment program. The director of the clinic has material for two books partly prepared, and it is hoped that at least one of these will be published before the end of the year.

C. A new departure in therapy is being planned for the coming months. A systematic attempt is going to be made by the director of the clinic to conduct some group therapy classes for mothers of our patients. It is planned to take some 10 to 15 mothers with somewhat similar problems in their family situations or another group with similar problems manifesting itself in mild neurotic symptoms, and give these people a series of afternoon talks and discussions. These group meetings will be held in the clinic and will be in the nature of Forum courses in mental hygiene and child guidance. We hope that with this group the social workers will be able to check the results of the method by a study of the member's attitudes before and after the course.

D. A plan we have which we would like very much to carry through but which we fear will be impossible because of lack of funds available, and because of the fact that the members of the staff must concentrate on the active cases, might be stated. We would like very much to make a complete and thorough study and investigation of the present behavior adjustments and the mental health status of all the children who were studied and known to the clinic for a period of four years up to 1934. Such a study would be made by the psychiatrist and trained social workers and would be more than a simple investigation. In every case possible, we would re-contact and make a new psychiatric examination.

E. The Child Guidance Clinic is jointly supported by the Department of Mental Hygiene and the Worcester Welfare Federation. The Welfare Federation contributes much the smaller part of the support given the clinic. Our Association which is composed of about 60 of the leading and active citizens of Worcester does not have the same function in the clinic's management as would such an association were it entirely supported by the city. However, we feel their function is an important one and we feel one of the things we have failed to do that we are going to try to do this year, is to use this association more actively in our plans. This association provided the most excellent quarters we now occupy. They have assumed two mortgages, and they are planning on making some effort to reduce these mortgages during the coming year. The Women's Auxiliary of the W. S. H. have interested themselves very actively in the clinic and contributed \$50 toward our emergency incidental fund. They have now announced that they will accept the responsibility of paying the second mortgage on the clinic house, and are laying active plans to this end. Both the staff and members of the Association wish to express their greatest thanks and appreciation for this very great help.

CONCLUSION

The mental health of children as well as adults has been seriously jeopardized by the physical stresses and mental strains brought about by the economic depression through which we have been passing the last three or four years. Parents whose sense of security has been destroyed, who live in constant fear of being deprived of the actual necessities of life, to say nothing of those who are struggling to survive without adequate food, clothing, and shelter to safeguard health, are as a group in no condition to provide a satisfactory home environment in which to rear children. The mental atmosphere of these homes becomes saturated with gloom, fear, anger, and resentment and all those unpleasant emotions that go to twist and distort one's outlook on life and to precipitate varying degrees of poor mental health. It is unfortunate indeed that under these trying conditions many of the public and private institutions have found it necessary to curtail their activities for lack of funds. This is especially true, throughout the country, in those clinics whose particular interest is in the mental health of children.

The Director of the Division of Mental Hygiene therefore feels that Massachusetts has been particularly fortunate in being able to carry on the important work of protecting the mental health and to keep open the doors of practically every clinic and render in a very satisfactory way, though with a somewhat curtailed staff, a service so much needed during these trying times. The scope of the clinics has been materially broadened so that besides meeting the needs of an increased number of children, we are also meeting the needs of adults and, in fact, entire families. There is no doubt that the service the State is rendering to these children and families at this time will pay well, even in terms of dollars and cents, by preserving the mental stability and thus keeping personalities intact and in a general way safeguarding and protecting the mental health of its citizens at a time when such service represents, in the true sense, a public health measure.

It is generally recognized that wars, extreme sweeps in the economic cycle, and other similar catastrophes which jeopardize the security of any large number of the population, leave in their wake, serious social problems. It therefore seems but wise to exert every effort and to anticipate these dangers by utilizing every preventive measure that is expedient.

It is also gratifying that the research work under the direction of Drs. Solomon, Myerson, and Hodskins is making an attack on some fundamental aspects of the problem of mental disease and difficult as it may be, to determine the value of such researches in terms of dollars and cents or to anticipate with any degree of accuracy just how fruitful a year's work may be, we can rest assured that any other than a scientific approach to these baffling problems would be useless — in fact, worse, as misinformation is far more harmful than none. The director wishes to take this opportunity of thanking Dr. Abraham Myerson and Dr. Harry C. Solomon in particular for their untiring efforts so generously given without compensation to these researches.

The director has been ready at all times to co-operate with the state hospitals operating clinics quite independently of the Division of Mental Hygiene and has

had numerous consultations with various department heads whose interests have overlapped with those of our Division.

The educational and training work, a co-operative effort between the Department of Mental Diseases, Tufts Medical School, and the Boston Dispensary, has continued to the advantage of all concerned. Better training for medical students and higher-grade men for our state hospitals have been the objectives sought in our effort to give psychiatry a more important place in medical education. These efforts have been carefully studied and approved by Dr. Franklin G. Ebaugh who represents the National Committee for Mental Hygiene which has been making a study of psychiatric education in the medical schools of this country.

Respectfully submitted,

DOUGLAS A. THOM, M.D.

Director of the Division of Mental Hygiene

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS

FINAL REPORT

To the Commissioner of the Department of Mental Diseases:

The report of the operations of the Division for the Examination of Prisoners for the five months ending April 30, 1933, is respectfully submitted.

This Division was established under the provisions of Chapter 309, Acts of 1924, which law became effective September 1, 1924. The Division began to function about October 1, 1924, although it was not fully organized until some months later. On November 1, 1932 a hearing was held at the State House before the Joint Special Committee on Public Expenditures. At this hearing Drs. Kline, Overholser and Ball, and Mr. Bagley of the Department of Correction were questioned relative to details of operation. The Special Committee introduced a bill into the Legislature favoring the abolition of the Division and on February 15, 1933, a special public hearing before the Ways and Means Committee was held at the Gardner Auditorium. At this hearing James V. May, M.D., Commissioner of the Department of Mental Diseases, Albert Carter, Commissioner of Probation, Francis Sayre, Commissioner of Correction, Dr. Overholser, Assistant Commissioner of the Department of Mental Diseases, Attorney Parker, representative of the Massachusetts Civic League, and others, spoke against the bill. There were no speakers for the bill. On March 14, 1933, the following act which had passed both branches of the Legislature, was signed by his Excellency the Governor: —

CHAPTER 77. — *An Act Repealing the Law Requiring the Psychiatric Examination of Certain Prisoners in Jails and Houses of Correction.*

Section 1: Section sixteen of chapter one hundred and twenty-seven of the General Laws, as appearing in the Tercentenary Edition thereof, is hereby amended by striking out the last sentence.

Section 2. Said chapter one hundred and twenty-seven, as so appearing, is hereby further amended by striking out section seventeen and inserting in place thereof the following: — *Section 17.* Specifications governing the manner and time of such physical examinations shall be promulgated by the department of public health. Said department shall prescribe the medical records to be kept, shall require such laboratory or other diagnostic aids to be used as in its judgment are expedient, and shall forward to the commissioner statements of the results of all such examinations, together with recommendations relative thereto. For the purpose of obtaining further information relative to such prisoners the commissioner may cause inquiry to be made of court physicians and psychiatrists, probation officers and district attorneys, who have made examinations or investigations of such prisoners prior to conviction or who have prosecuted them, and such physicians, psychiatrists and probation officers shall furnish to the commissioner when requested all pertinent information in their possession. The commissioner may cause such further inquiry to be made relative to the offences committed by such prisoners and their past history and environment as he may deem necessary. He shall cause records to be made of such examinations and investigations, and shall transmit copies thereof to the office of the board of probation, which shall cause the same to be filed with its office records.

Section 3: Section eighteen of said chapter one hundred and twenty-seven, as so appearing, is hereby amended by striking out, in the third and fourth lines, the words "or of the department of mental diseases", — so as to read as follows: — *Section 18:* Any officer named in section sixteen who neglects or refuses to comply with said section or who violates any rule or regulation of the department of public health made under section seventeen shall forfeit not more than fifty dollars.

Section 4: The division of examination of prisoners and all positions the incumbents of which are performing solely functions terminated by this act are hereby abolished. — *Approved March 14, 1933.*

On March 31, 1933 operations in all the district offices were suspended. The district personnel was retired and all equipment was transferred to other State services. At the central office, 11 Beacon Street, Boston, all social workers, psychiatrists and other personnel, excepting clerical, were also retired on March 31. The central office with a personnel of Director, senior clerk and three junior clerks was continued until April 30 in order to complete the histories already started and to review cases done in the districts during March. The personnel at time of abolition of the Division was as follows:

Central Office, Boston:

Director, Arthur N. Ball, M.D.
 Psychologist, Eugene F. McCarthy, B.A.
 Miss Grace I. Linscott, Psychiatric Social Worker
 Miss Frances Pass, B.A., Psychiatric Social Worker
 Miss M. Carmen Burr, Psychiatric Social Worker
 Miss Carlotta A. Weith, Psychiatric Social Worker
 Miss Marion Grant, B.A., Principal Statistical Clerk
 Mrs. Sarah Small, Psychiatric Social Worker (Research)
 Miss Elizabeth McCarthy, Senior Clerk
 Mrs. Catherine McGachie, Junior Clerk
 Miss Marion Nichols, Junior Clerk
 Miss Ella Wurf, Junior Clerk.
 Miner H. Evans, M.D.* Psychiatrist, (Suffolk County)
 Abraham Myerson, M.D.*, Psychiatrist, (Norfolk County)
 Edward Mellus, M.D.*, Psychiatrist, (Middlesex County)
 Frank H. Carlisle, M.D.*, Psychiatrist, (Suffolk County)

Salem Office, (Essex County):

Guy C. Randall, M.D.*, Psychiatrist; Miss Veronica O. Wilder, Psychiatric Social Worker; Miss Carolyn D. Harlow, Psychiatric Social Worker;
 Miss Margaret Fitzgerald, Junior Clerk; Mrs. Katherine Kelley*, Junior Clerk.

Taunton Office (Barnstable, Bristol and Plymouth Counties):

John O'Brien, M.D.*, Psychiatrist; Miss Helena Sidis, M.D., Psychiatric Social Worker; Miss A. Gertrude Daley, Psychiatric Social Worker; Miss Helen Brennan, Junior Clerk.

Worcester Office (Worcester County):

Michael M. Jordan, M.D.*, Psychiatrist; Mrs. Betsey Gatten, Psychiatrist Social Worker; Miss Ernestine Richard*, Junior Clerk.

Springfield Office (Hampden, Hampshire, Franklin and Berkshire Counties):

Harold C. Goodwin, M.D.*, Psychiatrist; Miss Mary Sullivan, Psychiatric Social Worker; Mrs. Mary Murtaugh*, Junior Clerk.

*Part time.

Changes in Personnel:

Miss Margaret Mower, temporary psychiatric social worker in Springfield office retired through Civil Service appointee. (December 20, 1932.)

Miss Mary Sullivan appointed psychiatric social worker, in Springfield office, December 21, 1932.

Mrs. Eda F. Anderson, psychiatric social worker in Worcester office transferred January 1, 1933 to Division of Mental Hygiene.

Mrs. Betsey Gatten appointed psychiatric social worker in Worcester office February 1, 1933.

Miss Marion Nichols, junior clerk in Boston office, transferred to Metropolitan State Hospital as junior clerk, April 1, 1933.

Miss Margaret Fitzgerald, junior clerk in Salem office, substituting in Boston office from April 5, to end of month.

During the four months from December 1, 1932 to March 31, 1933, during which time the complete Division operated, there were 321 cases completed making a total of 9,657 cases completed by this Division since its establishment, which is an annual average of some over one thousand cases. During this four months period 387 cases checked from the jail lists were found to have been previously examined by this Division. This is a continuation in the increase of repeaters that has been shown since the practice of checking jail lists was established some years ago.

The statistical research has completed several studies made from the first five thousand cases examined and at this time a general review of these cases is practically ready for publication.

It is apparent from the rapidly increasing number of inquiries from courts, probation officers, social agencies, etc., that the work of this Division has been receiving increased recognition, and it is to be regretted that this work should be suspended at a time when it was just beginning to be used extensively, not so much as an aid in the disposition of a case at the time of the current arrest, but as an aid in disposition in the event of future arrests.

Respectfully submitted,

ARTHUR N. BALL,
Director.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1933, is respectfully submitted.

The subjects listed below are discussed in this report:

I. Traveling Psychiatric School Clinics for the Examination of Children in the Public Schools.

- (a) Historical Sketch of Organization, 1914-1933.
- (b) Primary Reasons for Cases Being Referred to School Clinics, 1933.
- (c) Diagnosis of First Examinations, 1933.
- (d) Diagnosis of Re-examinations, 1933.
- (e) Personnel of Clinics, 1933, by Institution.
- (f) Comparison between Diagnosis of First Examinations and Re-examinations, 1933.
- (g) Comparison between Diagnosis of First Examinations and Re-examinations, 1928-1933.
- (h) Total Examinations, 1933, by Status of Recommendation.
- (j) Total Examinations, 1926-1933, Inclusive, by Clinic.
- (k) Total Towns Examined, 1926-1933, Inclusive, by Clinic.

II. Incidence of Retardation, 1933.

III. Social Service Division.

IV. Analysis of Waiting Lists to All State Schools, 1933.

V. Recommendations.

Graph I. Number of Clinic Examinations, 1915-1933.

Graph II. Cumulative Graph of Clinic Examinations, 1915-1933.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS.

(a) History

During the year 1933, the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for nineteen years, and have been State-wide in their function since 1921, or a period of twelve years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the for-

mation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of the collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable, and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "*The school committee of every town shall annually ascertain, under regulations prescribed by the Department of Education and the Department of Mental Diseases, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931.)*"

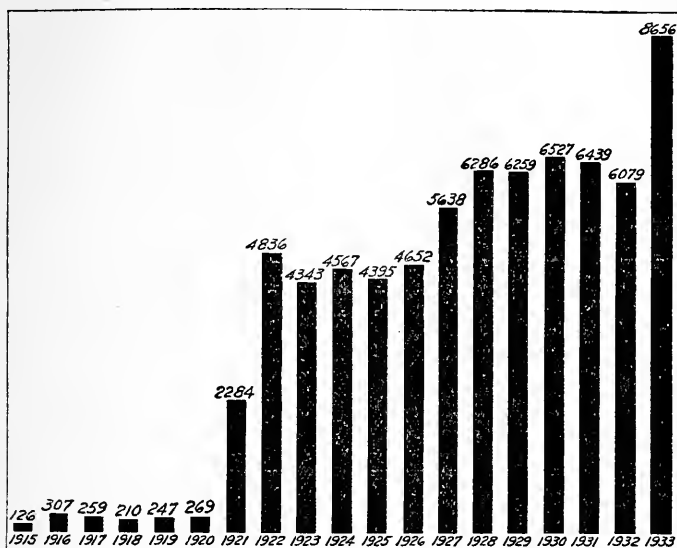
It will be noted in the above that radical changes in the school clinic law were effected during 1931. These changes are the result of a gradual growth in the scope of the clinics, with resultant demands on the part of the schools for a greatly extended service. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically "*A child appearing to be mentally retarded in any less degree may, upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations*", etc. This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress.

For many years this Division has been urging the adoption of this change in the law, insofar as it has been perfectly obvious that only in this way could real preventive work be done by the various clinics. It is no longer necessary to wait until a child is three years retarded before something is done about the matter. This change is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded".

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933 we also note a substantial increase in the number of examinations due, of course, to the change in the law which now permits the examination of problem as well as retarded children.



GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915-1933

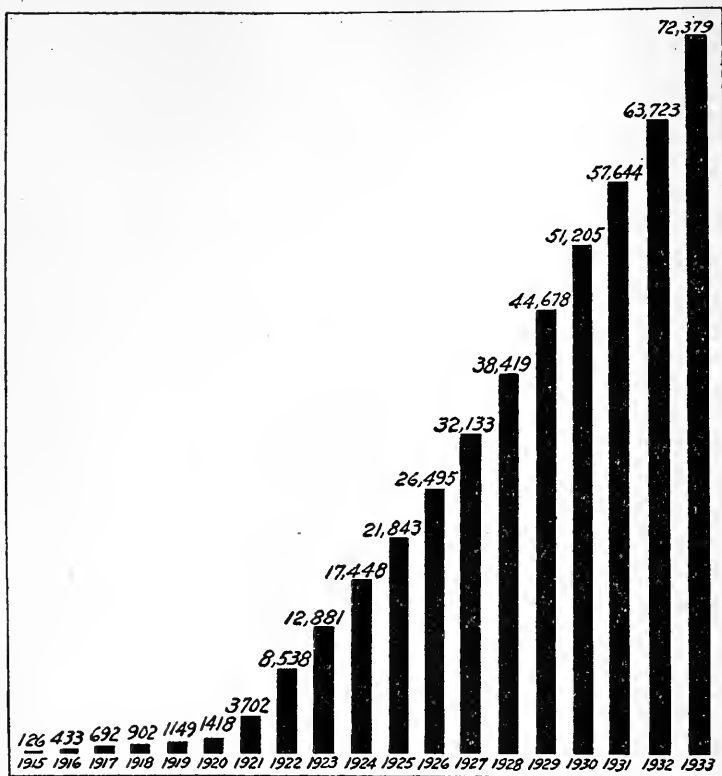
Graph II outlines the accumulation of examinations. It shows that a total of 72,379 examinations of retarded children have been conducted by the clinics during the nineteen years of operation.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents and school teachers, and with clinic psychiatrists so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. Superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the class placement of retarded children. They are proving to be less critical of the decisions of our clinic psychiatrists. They recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various State hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.



GRAPH II. — CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915-1933

(b) *Primary Reasons for Cases Being Referred to School Clinics, 1933: All Institutions*

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table I we present the primary reasons for cases being referred to our school clinics during the year 1933. Referring to Table I we observe that of the 8,656 children examined during the year, 75 per cent were referred because of retardation; 14 per cent because of some school problem; 2 per cent because of a behavior problem; 1 per cent because of social problems; 2 per cent were personality difficulties, and 2 per cent a physical problem. Roughly, 75 per cent of cases were referred because of retardation, and 25 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation, in behavior problems and in social problems. The females show larger proportions in the school problems, personality difficulties and physical problems. As is to be expected, the retardation makes up a smaller proportion in first examinations, 72 per cent as contrasted with 86 per cent in the re-examinations. School problems make up 17 per cent of first examinations and but 5 per cent of re-examinations; behavior problems 2 per cent of first examinations and 1 per cent of re-examinations; personality difficulties 2 per cent of first examinations and 1 per cent of re-examinations; physical problems 2 per cent of first examinations and 1 per cent of re-examinations. In only one heading do the re-examinations show a higher proportion than the first examinations, and that is in social problems: 1.8 per cent in first examinations and 2.0 per cent in re-examinations. The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly

TABLE I. *Primary Reason for Cases Being Referred to School Clinic*, 1933: All Institutions*

	Sex	Total		Retardation		School Problem		Behavior Problem		Physical Problem		Person-ality Diffi-culty		Social Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations.	Male	4,261	100.	3,159	74.1	651	15.3	132	3.1	95	2.2	98	2.3	84	2.0	37	.9	5	.1
	Female	2,308	100.	1,591	68.9	496	21.5	28	1.2	68	3.0	54	2.3	36	1.6	28	1.2	7	.3
	Both	6,569	100.	4,750	72.3	1,147	17.5	160	2.4	163	2.5	152	2.3	120	1.8	65	1.0	12	.2
Re-examinations	Male	1,476	100.	1,272	86.2	81	5.5	29	2.0	23	1.5	26	1.8	27	1.8	15	1.0	3	.2
	Female	611	100.	535	87.6	28	4.6	7	1.2	7	1.1	13	2.1	14	2.3	7	1.1	—	—
	Both	2,087	100.	1,807	86.6	109	5.2	36	1.7	30	1.4	39	1.9	41	2.0	22	1.1	3	.1
Total Examinations	Male	5,737	100.	4,431	77.2	732	12.8	161	2.8	118	2.1	124	2.2	111	1.9	52	.9	8	.1
	Female	2,919	100.	2,126	72.8	524	18.0	35	1.2	75	2.6	67	2.3	50	1.7	35	1.2	7	.2
	Both	8,656	100.	6,557	75.8	1,256	14.5	196	2.3	193	2.2	191	2.2	161	1.8	87	1.0	15	.2

*Only one outstanding reason is recorded for each case.

TABLE II. — *Diagnosis of 6,569 First Examinations by School Clinics for Year Ended November 30, 1933*

INSTITUTION	Total			Feebleminded 0-.69			Borderline .70-.79			Dull .80-.89			Average or Normal .90-1.09			Superior 1.10 +			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown .	637	420	217	179	101	78	222	148	74	192	136	56	40	31	9	4	4	—	—	—	—	75	.76	.73
B. Psycho. .	166	120	46	12	5	7	19	16	3	28	19	9	88	67	21	18	13	5	1	—	—	.93	.94	.90
Boston State .	417	260	157	68	38	30	140	79	61	110	80	30	73	50	23	1	1	—	25	12	13	.79	.81	.77
Danvers .	363	249	114	67	39	28	100	76	24	64	41	23	20	15	5	—	—	—	112	78	34	.75	.76	.74
Foxborough .	361	249	112	75	35	40	108	77	31	96	70	26	58	47	11	—	—	—	24	20	4	.78	.80	.74
Gardner .	298	203	95	34	22	12	58	45	13	93	62	31	98	67	31	14	6	8	1	1	—	.86	.85	.87
Grafton .	1,178	640	538	24	11	13	138	80	58	259	158	101	598	316	282	137	64	73	22	11	11	.94	.93	.95
Medfield .	154	102	52	75	46	29	46	36	10	26	17	9	5	3	2	1	—	—	1	—	—	.70	.70	.70
Monson .	313	207	106	103	58	45	62	43	19	25	18	7	3	1	2	—	—	—	120	87	33	.68	.69	.67
Northampton .	422	289	133	162	108	54	40	25	15	39	27	12	30	22	8	3	2	1	148	105	43	.70	.71	.70
Taunton .	214	154	60	59	38	21	78	58	20	58	47	11	19	11	8	—	—	—	—	—	—	.75	.76	.74
W. E. Fernald .	1,066	694	372	426	256	170	278	179	99	137	95	42	54	43	11	1	—	—	170	121	49	.70	.71	.69
Westborough .	64	46	18	23	14	9	16	10	6	5	4	1	11	10	1	—	—	—	9	8	1	.74	.77	.69
Worcester .	211	156	55	71	51	20	59	46	13	42	36	6	39	23	16	—	—	—	—	—	—	.76	.76	.77
Wrentham .	705	475	230	193	119	74	245	161	84	191	140	51	73	54	19	1	—	—	2	1	1	.76	.77	.74
Total .	6,569	4,264	2,305	1,571	941	630	1,609	1,079	530	1,365	950	415	1,209	760	449	180	90	90	635	444	191	.79	.79	.79
Per cent .	100.0	100.0	100.0	23.9	22.1	27.3	24.5	25.3	23.0	20.8	22.3	18.0	18.4	17.8	19.5	2.7	2.1	3.9	9.7	10.4	8.3			

TABLE III. — *Diagnosis of 2,087 Re-examinations by School Clinics for Year Ended November 30, 1933*

INSTITUTION	Total			Feebleminded 0-.69			Borderline .70-.79			Dull .80-.89			Average or Normal .90-1.09			Superior 1.10 +			Diagnosis Deferred			Average I. Q.				
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.		
Belchertown	209	138	71	91	54	37	83	56	27	29	23	6	5	1	—	—	—	—	—	—	—	70	71	71		
B. Psychopathic	34	23	11	2	1	1	9	6	3	13	8	5	2	2	—	—	—	—	—	—	—	85	86	82		
Boston State	110	73	37	47	29	18	38	26	12	18	13	5	2	8	—	—	—	—	—	—	5	3	2	70	71	68
Danvers	62	43	19	15	9	6	11	7	4	11	11	—	3	2	1	—	—	—	—	—	22	14	8	74	75	69
Foxborough	251	183	68	94	61	33	92	71	21	42	32	10	16	13	3	—	—	—	—	—	7	6	1	72	73	70
Gardner	45	36	9	19	13	6	19	16	3	5	5	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Gloucester	191	141	50	29	20	9	32	23	9	42	29	13	32	23	9	—	—	—	—	—	53	43	10	80	80	80
Medfield	80	61	19	42	31	11	24	19	5	12	9	3	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Monson	201	141	60	97	60	37	83	61	22	9	9	—	—	—	—	—	—	—	—	—	12	11	1	67	68	65
Northampton	275	197	78	211	142	69	29	24	5	14	14	—	3	3	—	—	—	—	—	—	18	14	4	63	64	61
Taunton	121	86	35	57	37	20	46	36	10	15	11	4	3	2	1	—	—	—	—	—	—	—	—	—	—	—
W. E. Fernald	218	146	72	124	69	55	43	35	8	30	24	6	4	4	—	—	—	—	—	—	17	14	3	67	69	63
Westborough	14	11	3	7	6	1	3	2	1	2	2	—	1	1	—	—	—	—	—	—	1	—	—	70	70	67
Worcester	82	58	24	49	31	18	16	14	2	14	11	3	3	2	1	—	—	—	—	—	—	—	—	68	69	66
Wrentham	194	140	54	89	58	31	60	46	14	34	27	7	10	8	2	—	—	—	—	—	1	1	—	71	72	68
Total	2,087	1,477	610	973	621	352	588	442	146	290	228	62	97	77	20	3	3	—	—	—	136	106	30	70	71	67
Per cent	100.0	100.0	100.0	46.6	42.1	57.7	28.2	29.9	23.9	13.9	15.4	10.2	4.7	5.2	3.3	.1	.2	—	—	—	6.5	7.2	4.9			

it was expected that all of our children would be referred to the clinic because of retardation. In fact that was the primary reason for the creation of the clinic. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

(c) *Diagnosis of First Examinations, 1933*

Table II records the mental diagnosis of all first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 22.1 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 27.3 per cent of the girls fell in this grouping. However, it will be noted that in the borderline and dull groups the males presented higher proportions than the females. Thus, definitely higher proportions of females are being diagnosed as mentally defective. The average I. Q. for both sexes, however, was .79.

The material in this table suggests that retardation in school work is more likely to be associated with mental defect among girls than boys. There is a striking preponderance of mentally defective girls as compared with boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degree of intellectual development. This is not necessarily so among the boys. With them, school retardation may be associated with all degrees of intelligence, the high as well as the low.

In 9.7 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child coming up for examination. If the psychiatrist doubts the mental status of the child, he defers his diagnosis, and requests that the child return for another examination on the next visit of the clinic.

(d) *Diagnosis of Re-examinations, 1933*

Table III records the mental diagnosis of all re-examinations, and outlines the distribution of intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases which were diagnosed under the heading of "Diagnosis Deferred" and add to this group other cases in which specific factors have suggested re-examinations.

While 9.7 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is materially smaller (6.5 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are *unwilling to make a diagnosis even after two examinations* have been made. This is mentioned simply to answer any question which may arise as to the possibility of injustice being done to any child coming up for examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no

longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are present. Of the total re-examinations of boys, 42.1 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 57 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among these re-examinations. However, in the borderline, dull and average groups, the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .71, while that of the girls was .67.

(e) *Personnel of Clinics, 1933, by Institutions*

In Table IV we introduce our readers to the Division psychologists and social workers doing the work of our clinics for the year ended November 30, 1933. During the year the Director had the opportunity of contacting many of the individual school superintendents, members of boards of selectmen and of the various school boards. In this way he hears many of the appreciative remarks which are made in reference to the work of the school clinic. The workers of these clinics have done excellent work in meeting many difficult situations, and have handled the duties assigned them in a way to deserve the commendation of all concerned. The school clinic psychiatrist has a very difficult task in meeting the infinite variety of child problems now referred to them. It goes without saying that they have met these problems in a way calculated to reflect credit on themselves and their respective clinics.

TABLE IV. — *Personnel of Traveling School Clinics, by Institutions, for the Year Ended November 30, 1933*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown . . . Boston Psychopathic	Herbert L. Flynn, M.D. Mary Palmer, M.D.	May F. Buckler Viola M. Jones Beth Williams Edith B. James	Dorothy I. Peeso —
Boston State . . .	Alberta S. Guibord, M.D.		Florence A. Armstrong and Staff
Danvers . . .	Edgar C. Yerbury, M.D. Doris M. Sidwell, M.D. Guy C. Randall, M.D.	Dorothy C. McLeod Lucy C. Sanborn Alice W. Schoenfluss Kathleen C. Arnold Margaret Taylor	Mrs. Pearl H. Darling Edith M. Mason Helen E. Riley Mary H. Holland
Foxborough . . .	Cornelia B. J. Schorer, M.D. Anne L. Clark, M.D.	Minnie Radner Elizabeth C. Bail	Rebecca Russakoff
Gardner . . .	William A. Hunter, M.D.	Aurelia Boles Beatrice N. Wolfson	—
Grafton . . .	Anna C. Wellington, M.D.	Emaline L. Kelly	—
Medfield . . .	George Allen Troxell, M.D. George Ernest Poor, M.D. Evel Linqvist Guidone, M.D.	Frances Allen Reed	Mary Aimee Morris
Monson . . .	Lucie G. Forrer, M.D.	Dorothy Roche	Lula P. Hayes Teresa E. Cotter
Northampton . . . Taunton . . .	Harriet W. Whitney, M.D. Olga E. Steinecke, M.D.	Maryalys S. Parker Margaret K. Chapin Charlotte Foye	Mary Ellen Hayes Emma S. Lowe
Walter E. Fernald . Westborough . . .	Esther S. B. Woodward, M.D. Betsy Coffin, M.D.	Elizabeth A. Bicknell Adelaide Proctor	— Pauline F. Barry Dorothy R. Mahoney
Worcester . . . Wrentham . . .	Lonnie O. Farrar, M.D. Alice M. Patterson, M.D.	David Shakow Ruth A. Prouty Beatrice N. Wolfson	— —

We must recall that the clinic psychiatrist meets extremely difficult situations in having to tell parents of the fact that their children are retarded mentally and need specialized care and instruction. In many cases the parents are the last to realize, or rather to acknowledge, that anything is wrong with their child in the mental field. Any physician may tell them of other physical shortcomings in their children and there will be no particular reaction. However, when it is necessary to tell them of a disturbance in the field of intelligence their reactions are entirely different. Unable to appreciate the fact that mental deficiency is as much a physical disturbance as any other congenital disorder of childhood, they are extremely sensitive on the matter and must be handled with a great deal of care and tact. The psychiatrists, of course, are always careful to emphasize the possibilities of a careful

training program, and thus point out to the parents the more hopeful aspects of specialized education. As far as the child himself is concerned, the fact of his placement in the proper school class or in a special class may mean a turning point in the child's life. School superintendents themselves are the first to report marked changes in conduct and general attitude on the part of children so placed. The psychiatrists doing this work can well feel the satisfaction of knowing that they have contributed materially to the peace and happiness of thousands of children in effecting these important adjustments early in the child's life. The clinic personnel may well be congratulated upon rendering such invaluable service not only to the children themselves but to parents, to school officials, and to the community in general.

The various clinics report annually to the Department the cost of the operation of the respective clinics during a one-year period. These costs include salaries, maintenance, expenses in the field, automobile expense, supplies, etc. The average cost of each examination for the year 1933 was found to be \$4.18.

(f) *Comparison between Diagnosis of First Examinations and Re-examinations, 1933*

Table V shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 23.9 per cent of the group were mentally defective, while in the re-examinations 46.6 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .79, and that for re-examinations was .70 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-Examinations, 1933, by Sex*

First Examinations

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10 +	De- ferred	Mean Intel- ligence Quotient
Male . . .	100.0	22.1	25.3	22.3	17.8	2.1	10.4	.79
Female . . .	100.0	27.3	23.0	18.0	19.5	3.9	8.3	.79
Both sexes . .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79

Re-Examinations

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10 +	De- ferred	Mean Intel- ligence Quotient
Male . . .	100.0	42.1	29.9	15.4	5.2	.2	7.2	.71
Female . . .	100.0	57.7	23.9	10.2	3.3	-	4.9	.67
Both sexes . .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70

Within both groups we see large numbers of females in the mentally defective group. Among the first examinations, the percentages feeble-minded are 22.1 for males and 27.3 for females; in the re-examinations the same relationships are observed: 42.1 for males and 57.7 per cent for females. We expect the lower grade cases to return for re-examination as they have expected difficulties in adjustment.

(g) *Comparison between Diagnosis of First Examinations and Re-Examinations, 1928-1933 Inclusive.*

Table VI presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928-1933, inclusive. While it is dangerous to generalize, we note that there appears to be a decidedly higher grade of case coming up for first examination in 1929, 1930, 1931, 1932 and 1933 than in 1928. The startling increase in average I. Q. for 1933 is to be expected inasmuch as problem as well as retarded children are now being referred for examination. Forty-three and eight-tenths per cent of first examinations were mentally defective in 1928; in 1929 this was diminished to 35.9 per cent; in 1930 it showed a slight rise to 38.7 per cent; in 1931 there was a decrease to 32.1 per cent; in 1932 a still further de-

crease to 30.9 per cent; and in 1933 a drop to 23.9 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929 this was raised four points to .73; in 1930 it fell one point to .72; in 1931 it increased to .73; in 1932 the average I. Q. was .74; and in 1933 it was .79.

TABLE VI. — *Diagnosis of First and Re-Examinations for the Years 1928-1933 Inclusive*

First Examinations

	Total	Feeble-minded 0-.69	Border-line .70-.79	Dull .80-.89	Average or Normal .90-1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928 Number .	4,916	2,150	1,206	769	327	16	448	
Per cent .	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929 Number .	4,923	1,772	1,437	722	407	34	551	
Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930 Number .	5,224	2,025	1,569	799	362	23	446	
Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931 Number .	5,015	1,610	1,536	960	371	16	522	
Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932 Number .	4,461	1,377	1,336	928	395	19	406	
Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933 Number .	6,569	1,571	1,609	1,365	1,209	180	635	
Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79

Re-Examinations

	Total	Feeble-minded 0-.69	Border-line .70-.79	Dull .80-.89	Average or Normal .90-1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928 Number .	1,370	746	357	158	56	2	51	
Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929 Number .	1,336	624	367	179	70	8	88	
Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930 Number .	1,303	648	390	165	48	1	51	
Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931 Number .	1,424	664	430	208	38	1	83	
Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932 Number .	1,618	734	539	201	53	—	91	
Per cent .	100.0	45.4	33.3	12.4	3.3	—	5.6	.69
1933 Number .	2,087	973	588	290	97	3	136	
Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70

Among the re-examinations 54.8 per cent were mentally defective in 1928; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent of re-examinations were mentally defective; in 1931 there was a decrease to 46.7 per cent; in 1932 a still further decrease to 45.4 per cent; and in 1933 an increase to 46.6 per cent. The average I. Q. for 1928 was .66; for 1929, .70; for 1930, .69; for 1931, .69; for 1932, .69; and for 1933, .70. While it is difficult to judge from the results of six years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination tends to show an upward trend.

(h) *Total Examinations, 1933, by Status of Recommendation*

Table VII reveals that a total of 8,656 examinations were conducted by all clinics during the year 1933. Of these examinations 6,569 or 75.8 per cent were first examinations, and 2,087 or 24.1 per cent were re-examinations. The sex difference is noticeable in that 5,741 or 66.3 per cent of all examinations were males, and 2,915 or 33.6 per cent were females.

We observe that 2,167 or 33.0 per cent of the total first examinations were recommended for special classes: 32.7 per cent of male and 33.6 per cent of female first examinations. Two hundred twenty-seven or 3.4 per cent of the total first examinations were recommended for placement within an institution: 3.4 per cent of male and 3.5 per cent of female first examinations. Of the total re-examinations, we note that 50.1 per cent were recommended for special classes: 48.5 per cent of male and 53.8 per cent of the female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations we

observed that 3,212 children were recommended for special class care in Massachusetts during a single school year. As the total in special classes in the towns having a first examination in 1933 is now 5,576, we can see the great need for additional special class provision.

One hundred forty-two or 6.8 per cent of the total re-examinations were recommended for placement within an institution: 5.9 per cent of all male and 9.0 per cent of all female re-examinations.

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November, 30, 1933*

CLINIC	TOTAL EXAMINATIONS											
	Total Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	846	558	288	366	229	137	80	42	38	400	287	113
Boston Psychopathic . . .	200	143	57	9	6	3	6	4	2	185	133	52
Boston State . . .	527	333	194	167	94	73	18	12	6	342	227	115
Danvers . . .	425	292	133	143	104	39	3	1	2	279	186	93
Foxborough . . .	612	432	180	191	126	65	13	8	5	408	298	110
Gardner . . .	343	239	104	56	39	17	6	5	1	281	195	86
Grafton . . .	1,369	781	588	205	123	82	10	7	3	1,154	651	503
Medfield . . .	234	163	71	169	120	49	14	11	3	51	32	19
Monson . . .	514	348	166	298	195	103	14	13	1	202	140	62
Northampton . . .	697	486	211	305	205	100	15	9	6	377	272	105
Taunton . . .	335	240	95	111	78	33	2	1	1	222	161	61
Walter E. Fernald . . .	1,284	840	444	689	448	241	126	72	54	469	320	149
Westborough . . .	78	57	21	22	15	7	4	2	2	52	40	12
Worcester . . .	293	214	79	149	109	40	17	15	2	127	90	37
Wrentham . . .	899	615	284	332	219	113	41	30	11	526	366	160
Total . . .	8,656	5,741	2,915	3,212	2,110	1,102	369	232	137	5,075	3,398	1,677
Per cent . . .	100.0	100.0	100.0	37.1	36.8	37.8	4.3	4.0	4.7	58.6	59.2	57.5

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November 30, 1933 — Continued*

CLINIC	FIRST EXAMINATIONS											
	Total First Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	637	420	217	236	141	95	47	24	23	354	255	99
Boston Psychopathic . . .	166	120	46	3	3	—	6	4	2	157	113	44
Boston State . . .	417	260	157	110	59	51	8	5	3	299	196	103
Danvers . . .	363	249	114	120	89	31	3	1	2	240	158	82
Foxborough . . .	361	249	112	85	49	36	5	3	2	271	197	74
Gardner . . .	298	203	95	31	21	10	6	5	1	261	177	84
Grafton . . .	1,178	640	538	157	88	69	3	2	1	1,018	550	468
Medfield . . .	154	102	52	110	76	34	12	9	3	32	17	15
Monson . . .	313	207	106	150	93	57	10	9	1	153	105	48
Northampton . . .	422	289	133	160	111	49	5	4	1	257	174	83
Taunton . . .	214	154	60	62	45	17	2	1	1	150	108	42
Walter E. Fernald . . .	1,066	694	372	593	379	214	79	45	34	394	270	124
Westborough . . .	64	46	18	18	13	5	4	2	2	42	31	11
Worcester . . .	211	156	55	107	82	25	12	11	1	92	63	29
Wrentham . . .	705	475	230	225	144	81	25	20	5	455	311	144
Total . . .	6,569	4,264	2,305	2,167	1,393	774	227	145	82	4,175	2,725	1,450
Per cent . . .	100.0	100.0	100.0	33.0	32.7	33.6	3.4	3.4	3.5	63.6	63.9	62.9

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November 30, 1933 — Concluded*

CLINIC	RE-EXAMINATIONS											
	Total Re-Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	209	138	71	130	88	42	33	18	15	46	32	14
Boston Psychopathic . . .	34	23	11	6	3	3	—	—	—	28	20	8
Boston State . . .	110	73	37	57	35	22	10	7	3	43	31	12
Danvers . . .	62	43	19	23	15	8	—	—	—	39	28	11
Foxborough . . .	251	183	68	106	77	29	8	5	3	137	101	36
Gardner . . .	45	36	9	25	18	7	—	—	—	20	18	2
Grafton . . .	191	141	50	48	35	13	7	5	2	136	101	35
Medfield . . .	80	61	19	59	44	15	2	2	—	19	15	4
Monson . . .	201	141	60	148	102	46	4	4	—	49	35	14
Northampton . . .	275	197	78	145	94	51	10	5	5	120	98	22
Taunton . . .	121	86	35	49	33	16	—	—	—	72	53	19
Walter E. Fernald . . .	218	146	72	96	69	27	47	27	20	75	50	25
Westborough . . .	14	11	3	4	2	2	—	—	—	10	9	1
Worcester . . .	82	58	24	42	27	15	5	4	1	35	27	8
Wrentham . . .	194	140	54	107	75	32	16	10	6	71	55	16
Total . . .	2,087	1,477	610	1,045	717	328	142	87	55	900	673	227
Per cent . . .	100.0	100.0	100.0	50.1	48.5	53.8	6.8	5.9	9.0	43.1	45.6	37.2

There are several interesting sex differences demonstrated in Table VII. In the total children coming up for examination the boys outnumber the girls in approximately a 2:1 ratio. Considering first examinations only, the ratio is approximately 2:1. In re-examinations the boys show a decidedly higher proportion, the ratio being 2.4:1. In the total number recommended for special classes the sex ratio is approximately 2:1. While these differences are not very great, we may say that relatively fewer girls than boys are recommended for special classes.

It has been suggested that conduct in boys plus mental retardation may be the reason for the large numbers being referred for examination, or the 2:1 ratio. However, the still smaller number of boys recommended for admission to State schools interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a State school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment practically ruled out of consideration, we are forced to turn to other possibilities. There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility, of course, that the school curriculum or the scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools and become retarded in school work in approximately a 2:1 ratio as compared with girls.

(j) *Total Examinations, 1926-1933, by Clinic*

Table VIII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1933, inclusive. In considering this last eight years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,200 examinations each year, or a total of 11,513 cases for the eight years. The clinic of the Wrentham State School is second, with 6,038 examinations; the clinic of the Northampton State Hospital is third with a total of 5,597 examinations during this period; Boston State Hospital is fourth; with 3,613 cases; Foxborough State Hospital is fifth, with 3,466 examinations; and Grafton State Hospital is sixth with 3,024 examinations. The foregoing

clinics are to be particularly commended for their activities, insofar as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

TABLE VIII. — *Total School Clinic Examination Conducted for the Years 1926-1933, Inclusive, by Institution*

INSTITUTION	1926	1927	1928	1929	1930	1931	1932	1933
Belchertown	—	—	251	114	474	522	401	846
Boston Psychopathic	271	121	141	130	81	126	113	200
Boston State	355	527	441	502	454	397	410	527
Danvers	162	132	176	255	338	343	324	425
Foxborough	300	431	303	485	375	445	515	612
Gardner	122	58	125	164	107	125	261	343
Grafton	66	—	343	327	240	384	295	1,369
Medfield	70	298	510	419	239	322	360	234
Monson	384	398	225	395	494	439	304	514
Northampton	708	876	1,000	581	769	523	443	697
Taunton	90	230	360	292	324	353	309	335
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284
Westborough	—	26	85	—	34	78	117	78
Worcester	110	402	197	300	114	37	265	293
Wrentham	603	726	637	777	882	907	607	899
Total	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656

In comparing the number of examinations for the two years 1932 and 1933, we notice increases for all clinics with the exception of Medfield, Walter E. Fernald and Westborough. These clinics showed a decrease in the number of examinations conducted during 1933, as compared with 1932.

TABLE IX. — *Number of Towns in which School Clinics were Conducted, 1926-1933, Inclusive.*

INSTITUTION	TOTAL TOWNS EXAMINED DURING YEAR							
	1926	1927	1928	1929	1930	1931	1932	1933
Belchertown	—	—	4	4	4	7	6	26
Boston Psychopathic	1	1	1	1	1	1	1	2
Boston State	2	3	2	2	2	2	2	2
Danvers	7	9	7	15	15	9	10	18
Foxborough	7	13	14	12	13	15	16	17
Gardner	11	9	12	8	13	9	9	12
Grafton	2	—	10	11	10	17	11	20
Medfield	2	5	7	7	2	7	10	10
Monson	4	4	3	4	3	6	6	7
Northampton	40	34	36	28	6	18	20	18
Taunton	4	19	15	17	15	20	16	20
Walter E. Fernald	18	25	24	24	26	24	20	18
Westborough	—	1	3	—	1	2	4	3
Worcester	5	26	7	24	15	4	25	21
Wrentham	10	13	11	11	13	13	10	12
Total	113	162	156	168	139	154	166	206

(k) *Total Towns Examined, 1926-1933*

Table IX gives the number of towns in which clinics were conducted during 1933. Between 1926 and 1933 the total number of towns in which examinations were held increased from 113 to 206, the largest number of towns being examined during 1933. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1933 the clinics were visiting 58 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1933

Table X presents a summary of facts in connection with 199 towns in which first examinations were held by one of our clinics during the year 1933. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1933. As first examinations only are included, we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 375,741 children. Of the total of 199 cities, towns and villages having a first examination, 110 were maintaining a total of 350 special classes, or one special class to approximately every 1,073 children of the total school population. Eighty-nine smaller communities with a total population of 36,796 children were not maintaining special classes. While 44 per cent of the total communities examined were not maintaining special classes, we observe that 90 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which make difficult the establishment of special classes. In column 9, we observe that the percentage of the total school population referred for retardation during 1933 for the entire group was 1.75 per cent. However, in the towns having no special classes, the percentage referred as retarded for 1933 was 2.56 per cent.

One hundred ten towns maintaining 350 special classes accommodated 5,576 children in these classes, an average of 15 children per class. Comparing this total of 5,576 children in special classes with the total school population of 375,741, we note that 1.65 per cent were in special classes during the year 1933. The 89 towns not maintaining special classes revealed a total grammar school population of 36,796 children. In these towns a total of 942 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 6,569 children were referred to the clinics for the first time during 1933. In other words, 1.75 per cent of the total school population were referred *during a single school year*. Dividing the 1.75 per cent of the total school population referred in accordance with diagnosis, we note that .42 per cent were diagnosed as mentally defective and 1.33 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 3:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition 3.1 children of higher mental grade who do not make a success of their school work.

TABLE X. — *Towns in Which First Examinations of Retarded Children Were Held during 1938; School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6) (7) (8)								(9) 6 ÷ 7 + 8 (10) 6 ÷ 2 (11) 7 + 8 ÷ 2		
CLINIC AND TOWN	School Popu- lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.								PER CENT OF SCHOOL POPULATION, 1933.		
					MENTALLY DEFECTIVE		NOT MENTALLY DEFECTIVE		DEFERRED		Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retard.d.)		
					T.	M.	F.	T.	M.	F.				T.	M.	F.
Belchertown	25,854	20	299	1.15	179	101	78	458	319	5	139	—	2.46	.69	1.77
Total															
Amherst	916	—	—	—	4	1	2	6	5	1	—	—	.76	.11	.65
Ashtfield	118	—	—	—	2	2	—	14	9	5	—	—	15.25	3.39	11.86
Conway	162	—	—	—	2	2	—	1	—	—	—	—	1.85	1.23	.62
Cummington	96	—	—	—	1	1	1	30	22	8	—	—	32.29	1.04	31.25
Deerfield	569	—	—	—	2	1	—	1	1	—	—	—	1.52	.35	.17
East Longmeadow	608	1	14	2.30	9	6	3	32	26	6	—	—	6.74	1.48	5.26
Eastampton	1,248	1	15	1.20	25	18	7	33	17	16	—	—	4.64	2.00	2.64
Goshen	43	—	—	—	2	—	2	9	5	4	—	—	25.58	4.65	20.93
Greenfield	2,094	4	61	2.91	6	6	5	36	25	11	—	—	2.00	.28	1.72
Hampden	108	—	—	—	4	3	1	7	5	2	—	—	10.18	3.70	6.48
Hinsdale	215	—	—	—	3	3	2	8	4	4	—	—	5.11	1.39	3.72
Holyoke	5,879	6	102	1.73	50	31	19	97	69	28	—	—	2.50	.85	1.65
Northampton	2,777	10	10	.36	2	2	2	18	12	6	—	—	.72	.07	.65
Pittsfield	7,832	4	49	.62	32	16	16	93	60	33	—	—	1.59	4.47	1.19
Plainfield	67	—	—	—	4	3	2	14	13	1	—	—	25.37	4.54	20.90
Sandisfield	88	—	—	—	4	2	2	4	4	3	1	—	9.09	4.55	2.77
Southampton	144	—	—	—	—	—	—	—	—	—	—	—	2.77	—	—
Southwick	291	1	15	5.1	4	2	2	5	4	3	1	—	3.09	1.37	1.72
South Hadley	1,061	1	17	1.6	6	3	3	6	3	3	—	—	1.13	.56	.57
Sunderland	284	—	—	—	2	1	1	5	—	—	—	—	.35	—	—
Washington	38	—	—	—	1	1	1	1	5	—	—	—	18.42	5.26	3.16
Westhampton	85	—	—	—	2	1	1	1	1	—	—	—	1.17	1.17	—
Whately	245	—	—	—	1	1	1	1	1	—	—	—	.81	.40	.41
William	456	1	16	3.50	10	6	1	16	11	5	—	—	5.70	2.19	3.51
Williamsburg	361	—	—	—	4	1	3	10	9	1	—	—	3.87	1.10	2.77
Windsor	69	—	—	—	—	—	—	8	7	—	—	—	11.59	—	11.59

TABLE X. — *Towns in Which First Examinations of Retarded Children Were Held during 1933: School Population; Number of Special Classes; Number of Children in Special Classes; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town — Continued*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6) FIRST EXAMINATIONS BY TRAVELING CLINICS, DIAGNOSIS										(7)	(8)	(9) 6+7+8 ÷ 2 (10) 6 ÷ 2 (11) 7+8 ÷ 2						
CLINIC AND TOWN	School Pop- ulation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popu- lation in Special Classes.	MENTALLY DEFECTIVE										NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded.)
					MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED												
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.							
Fitchburg	3,656	2	32	.87	27	19	8	161	109	52	1	1	—	5.16	.73	4.43							
Gardner	1,862	—	—	—	—	—	—	10	8	2	—	—	—	.53	—	.53							
Leverett	129	—	—	—	—	—	—	3	3	—	—	—	—	3.10	.78	2.32							
Orange	737	1	18	2.44	3	2	1	53	32	21	—	—	—	7.59	.40	7.19							
Templeton	622	—	—	—	—	—	—	2	2	—	—	—	—	.32	—	.32							
Townsend	304	—	—	—	—	—	—	1	1	—	—	—	—	1	—	1							
Winchendon	1,075	—	—	—	—	—	—	13	11	2	—	—	—	1.20	—	1.20							
Grafton Total	20,266	21	347	1.71	24	11	13	1,132	618	514	22	11	11	5.81	.12	5.69							
Bedford	367	—	—	—	—	—	—	33	19	14	—	—	—	8.99	—	8.99							
Belmont	3,782	2	36	.95	3	1	2	90	60	30	3	—	3	2.53	.08	2.45							
Bolton	123	—	—	—	—	—	—	11	6	5	—	—	—	8.94	—	8.94							
Carlisle	102	—	—	—	—	—	—	10	4	6	—	—	—	9.80	—	9.80							
Chelmsford	1,250	—	—	—	—	—	—	8	6	2	—	—	—	.64	—	.64							
Concord	850	1	11	1.29	2	2	—	172	94	78	3	3	—	20.82	.23	20.59							
Grafton	1,016	1	14	1.37	1	—	1	38	23	15	2	—	2	4.03	.10	3.93							
Groton	340	—	—	—	—	—	—	4	4	2	—	—	—	1.17	—	1.17							
Harvard	128	—	—	—	—	—	—	29	19	10	1	1	—	23.43	—	23.43							
Hudson	880	1	15	1.70	1	1	—	7	7	—	—	—	—	.90	—	.90							
Lancaster	318	—	—	—	—	—	—	39	17	22	1	—	1	12.57	—	12.57							
Leominster	2,653	7	138	5.20	9	4	5	204	102	102	4	2	2	8.17	.33	7.84							
Lexington	1,864	3	50	2.68	2	—	2	234	116	118	7	5	2	13.03	.10	12.93							
Littleton	191	—	—	—	—	—	—	17	5	12	—	—	—	8.90	—	8.90							
Maynard	1,061	1	12	1.13	3	2	1	59	34	25	—	—	—	5.84	.28	5.56							
Natick	2,362	2	35	1.48	2	1	1	91	62	29	1	—	—	3.97	.08	3.89							
Northbridge	1,478	1	4	.27	1	1	1	40	17	23	1	—	—	2.77	.07	2.70							
Stow	1,171	—	—	—	—	—	—	36	19	17	—	—	—	20.33	—	20.33							
Shrewsbury	1,324	2	32	2.41	—	—	—	10	6	4	—	—	—	.75	—	.75							

TABLE X. — *Towns in Which First Examinations of Retarded Children Were Held during 1933: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes; (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town — Concluded*

(1) CLINIC AND TOWN	(2) School Population, Grammar Grades.	(3) Number of Special Classes.	(4) Number of Children in Special Classes.	(5) 4÷2 Percent- age of School Population in Special Classes.	(6) (7) (8)										(9) 6÷7+8 ÷2			(10) 6÷2 (11) 7÷8 ÷2		
					FIRST EXAMINATIONS BY TRAVELING CLINICS.										PER CENT OF SCHOOL POPULATION, 1933					
					MENTALLY DEFECTIVE				NOT MENTALLY DEFECTIVE				DEFERRED		Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective. (Retarded.)			
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Marion	288	—	—	—	—	—	—	12	5	7	—	—	—	—	4.16	—	4.16	—	—	—
Marshfield	284	—	—	—	2	—	1	—	—	—	—	—	—	—	4.70	.70	—	—	—	—
Mattapoisett	288	—	—	—	4	2	2	11	6	5	—	—	—	—	5.20	1.38	3.82	—	—	—
Middleboro	1,230	—	—	—	3	—	—	13	12	1	—	—	—	—	1.30	.24	1.06	—	—	—
Randolph	1,286	1	12	.93	4	4	—	7	9	1	—	—	—	—	1.85	.31	1.54	—	—	—
Raynham	366	—	—	—	—	—	—	5	3	2	—	—	—	—	1.36	—	1.36	—	—	—
Rochester	220	—	—	—	4	—	—	4	2	2	—	—	—	—	3.63	1.82	1.81	—	—	—
Scituate	568	—	—	—	—	3	1	8	8	—	—	—	—	—	1.40	—	1.40	—	—	—
Seekonk	958	—	14	1.46	2	—	—	6	5	—	—	—	—	—	—	.21	.62	—	—	—
Wareham	986	2	42	4.25	13	6	7	22	13	9	—	—	—	—	3.54	1.31	2.23	—	—	—
West Bridgewater	520	—	—	—	3	1	2	5	4	—	—	—	—	—	1.53	.96	—	—	—	—
Whitman	1,017	1	13	1.27	3	3	—	5	5	—	—	—	—	—	.78	.29	.49	—	—	—
Walter E. Fernald	111,484	127	2,254	2.02	426	256	170	470	317	153	170	121	49	—	.95	.38	.57	—	—	—
Total	1,407	2	41	2.91	5	2	3	15	4	4	2	2	—	—	.85	.35	.50	—	—	—
Barnstable	1,742	2	36	2.06	8	5	3	14	11	1	14	11	3	—	2.06	.46	1.60	—	—	—
Danvers	256	—	—	—	2	—	—	—	—	—	—	—	—	—	2.34	1.17	1.17	—	—	—
Dennis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fall River	13,032	20	495	3.79	93	68	25	45	35	10	12	7	2	—	1.15	.71	.44	—	—	—
Falmouth	1,223	4	57	4.66	7	3	4	17	8	5	9	4	5	—	2.69	.57	2.12	—	—	—
Gloucester	3,011	3	53	1.76	5	3	4	13	8	5	3	2	—	—	2.69	.16	.53	—	—	—
Lowell	11,724	7	103	.87	21	14	14	9	7	2	3	2	—	—	.28	.18	.10	—	—	—
Lynn	12,644	18	295	2.33	26	12	14	30	22	8	3	2	—	—	.46	.20	.26	—	—	—
Martha's Vineyard	792	2	28	3.53	9	6	3	8	4	4	4	6	—	—	2.90	1.13	1.77	—	—	—
New Bedford	14,924	7	102	.68	66	41	25	44	33	11	16	14	2	—	2.84	.44	.40	—	—	—
Revere	6,496	11	147	2.26	34	14	20	99	58	41	25	17	8	—	2.83	.52	1.91	—	—	—
Salem	4,130	5	79	1.91	13	10	3	15	11	4	7	7	—	—	1.84	.31	.53	—	—	—
Somerset	900	1	16	1.77	8	6	2	5	5	5	2	2	—	—	1.66	.89	.77	—	—	—
Swansea	621	—	—	—	2	1	1	8	5	3	5	4	—	—	2.41	.32	2.09	—	—	—
Waltham	5,279	10	170	3.22	11	4	7	33	24	9	16	12	4	—	1.13	.21	.92	—	—	—
Watertown	5,489	7	106	1.93	16	12	4	11	8	3	3	2	—	—	.52	.29	.23	—	—	—
Worcester	27,560	28	526	1.90	98	55	43	114	74	40	42	29	13	—	.92	.35	.57	—	—	—
Yarmouth	254	—	—	—	1	—	—	—	—	—	—	—	—	—	.39	.39	—	—	—	—

[illegible]

Total school population of towns having an examination by one of our clinics during 1933. This total is used in calculating the percentages of columns 9, 10 and 11.

²Total school population of towns having children in special classes during 1933. This total is used in calculating the percentages of column 5.

The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to place the large number of high-grade cases in the unhappy halfway position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.75 per cent of the total school population served by our clinics were referred because of retardation during 1933. This figure does not measure the amount of retardation in the particular schools. We must recall that these are first examinations of a single year only, and that there is an accumulation of retardates which have been diagnosed during previous years. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total retardation is subject to an accumulation of individual years, insofar as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .42 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates. Again, we must recall that this, too, is subject to accumulation, and that the actual number of mental defectives within the school system is a figure which is much higher.

In other sections of the report we have seen that the relative proportions of retardates referred to clinics do not vary greatly from year to year. The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) are quite small in relation to the total school population. Insofar as the clinics are finding practically the same proportions of children retarded each year, it is not accurate from the statistical viewpoint to compare these numbers with the total school population. A comparison with the total number of children entering school for any one year would be a better criterion. With this thought in mind, we recorded the number of children in the first grade of all schools in which an examination was held during 1933. It is felt that the number of children actually within first grade classes throughout these towns would, in all probability, record most accurately the new children entering the schools for any one year. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 43,293 children in the first grades of schools in which 6,569 first examinations of retarded children were held during the year 1933. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 6,569 children were referred to all clinics because of retardation for the first time during the year 1933. From this total of 6,569 children who were referred for the first time, we must subtract the cases in which a diagnosis was deferred (635 cases), so that our actual number of new cases of retardation for 1933 is 5,934. Comparing this total of 5,934 with the 43,293 new students entering the schools, we find that new cases of retardation discovered during 1933 are found to be 13.7 per cent of the number entering schools during the same year. That is, when we compare the new cases of retardation discovered during a single year with the new children entering school for the same year, we find the retardation is more than a one to ten ratio.

Turning to the matter of diagnosis, so that we may divide the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective (during a single year) are 3.6 per cent of the number of children entering school (during a single year). The *new cases* diagnosed as retarded (during a single year) constitute 6.4 per cent of the number of children entering school (during a single year). All of this, of course, is for the year 1933. We feel that these percentages give us a much better picture of the relative amounts of retardation actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have had these examinations for a good many years. As the accumulation has been dealt with in the past, the percentages for subsequent years are substantially smaller. In other instances, the small number of retardates referred to the clinics is a matter of selection on the part of the superintendent. There are many factors entering into this situation, and it is difficult to place the true value on each particular factor.

The Division has under way at the present time an investigation of the placement of children in certain grades, and is comparing this with the mental ages of the children. The results are unusual and suggest that mental age has little relationship to the grade placement of the child. In some schools we are viewing the placement of children of low mental grade in advanced classes in which they have little chance of success. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

One and thirty-two hundredths per cent of the total school population of the towns involved were referred to the clinics in 1932. In 1933 this figure had increased to 1.75 per cent. We note changes in the percentages diagnosed as mentally defective and not mentally defective. In 1932, .41 per cent of the school population were diagnosed as mentally defective. In 1933 this had increased to .42. In 1932, .91 per cent of the school population were diagnosed as not mentally defective (retarded). In 1933 this had increased to 1.33 per cent. This figure shows that a much larger proportion of behavior problems are being brought to the clinics.

The above figures show the importance of retardation as a problem in our public schools. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education, and must be carefully considered in organizing a curriculum suited to the varying grades of intelligence in public school children. However, we should recall that these figures are minimum. We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 110 towns have provided a total of 350 special classes caring for 5,576 children. Referring to Table VII, "Total Examinations during 1933, by Status of Recommendation", we note that a total of 3,212 children were recommended for special classes during 1933. That is, the school rooms now devoted to special classes would be able to take care of the new cases recommended for special class care in 1933 if in some magic way they could be emptied of their present occupants. We see the urgent need of practically doubling the number of special classes now available.

Not only the field of education should be actively concerned in the handling of this impressive problem, but others as well. It is a problem for the public to seriously consider from the standpoint of the common good. Turning from the field of education, for the moment, to that of biology and sociology, we may discuss the part to be played by these children as parents of future generations. We may also wonder at the future problems of adjustment and possible public support which will follow inevitably if these retarded children are not dealt with sympa-

thetically, and given an understanding training in a manner calculated to develop their potentialities in both the intellectual and social spheres.

III. SOCIAL SERVICE *Community Supervision*

All cases referred to the Division of Mental Deficiency for supervision have been examined by a psychiatrist, and it is our endeavor to carry out the psychiatrist's recommendation both as to physical care and to emotional well-being.

In the case of girls placed out in wage homes, the personal adjustment of the girl requires careful handling. The matter of discipline, recreation and assignment of duties commensurate with her ability and strength is a delicate one and the triangle of girl, employer and social worker needs careful working out. Wholesome recreation for the mentally deficient is a matter of such importance that a study of the resources which the various communities offer would be invaluable. Vacation homes suited to the individual girl or boy are a real boon.

A clearing house for suitable homes, both free and wage, has been carried on by the Division, and it is planned to put this on a broader basis.

Pointing out the different levels of mental deficiency and what may be expected or hoped for at these levels comprises a large part of the educational program. A case in point is that of the boy who is manually expert but who cannot master academic studies and who needs to be given the satisfaction which manual endeavor alone can give him.

Reconciling parents to the fact of mental deficiency requires tact; particularly is this true in the case of an only child. Pointing out possibilities of occupation in the home and recreational opportunities which the neighborhood or friends may supply help soften the blow.

TABLE XI. — *Statistical Survey of Cases — Division of Mental Deficiency*
Social Service — Year Ending November 30, 1933

I.

Status — December 1, 1932	
Committed cases	17
Voluntary cases	175
Pending cases	6
	<hr/> 198
Cases Referred during Year	
Referred by public agencies	49
Referred by private agencies	13
Referred by D. M. D.	18
Referred by individuals	1
Reopened from previous years	3
Committed to D. M. D.	3
	<hr/> 87
*Duplicate cases	3
	<hr/> 84
	<hr/> 282

II.

Cases Closed during Year	
Cases adjusted in homes: supervision no longer required	9
Cases committed to institutions	8
Committed cases discharged	1
Cases in care of public agencies	3
Cases in care of private agencies	7
Investigations for Department — Briggs Law cases	13
Investigations for Department	3
Cases not supervisable	17
Cases moved: unable to locate	4
Re-examined: not mentally deficient	1
	<hr/> 66

III.

Service Rendered	
Placement	
Home	16
Industry	1
Recreation	64
Investigations	63
Histories	21

IV.

Status — November 30, 1933	
Committed cases	19
Voluntary cases	189
Pending cases	8
	<hr/> 216
Summary of Visits — Two workers	1,614

*Status changed from "Pending" to "Committed" during the year.

The matter of discipline in relation to the cases committed to the Department of Mental Diseases has been a difficulty always inasmuch as there is no financial provision made for temporary homes. When the difficulties are of such a nature that removal from the community is imperative, recourse must be made to the State schools, thus adding to their already overcrowded population.

Table XI shows that during the year 1933, 198 cases were cared for, 17 cases committed to the Department of Mental Diseases, and 181 voluntary cases. Eighty-four new cases were opened during the year mostly referred by public and private agencies. Sixty-six cases were closed. A total of 1,614 visits were made by the two social workers carrying on this work. At the end of the year 216 cases were under supervision.

A brief case report is appended to show some of the results possible when careful social supervision is made available to the mental defective.

Elsie T. never knew her own father or mother. She was abandoned when a baby and a pathetic sight she was when found, eyes crossed, running ears, under weight and very hungry. Because she was unattractive and sickly and required so much care it was with difficulty that a foster home was found for her. Many months passed before this unwelcome waif became normal in weight, and she never developed normal vision. Timid and shy and sensing, as children do, that she was unwanted, Elsie had great difficulty in effecting an adjustment. In school she got nowhere, she could not see the blackboard, she was slow and afraid. Teachers cannot devote extra time to the dull child when so many others demand attention and a definite schedule must be maintained. Gradually Elsie drifted into the special class and always the same story accompanied her. "Too stupid for the grades, cannot learn anything, just a dullard." At fourteen, Elsie left school. Then the social worker began a hunt for a foster home where the girl might work for her home and board. By great good fortune, a woman was found whose interest was aroused. She had recently lost her own daughter about Elsie's age and her heart went out to the forlorn, unhappy child. At fourteen Elsie was rather disconcerting to look upon, gawky, apprehensive, nervous and full of fears. Elsie's real education began in this home. Her eyes were attended to and thick glasses helped her vision. Mrs. T., her employer, never believed that Elsie could not read or write or do simple arithmetic. She taught her, patiently, persistently, with encouragement, with faith, she stuck to it and the miracle happened. Elsie did learn to read and write and enjoyed arithmetic. Once during her employer's illness Elsie substituted in the little shop run by her and actually kept the accounts. She loved it and proudly read off to her employer each night the number of sales and the cash balance. By degrees Elsie became able to meet strangers without flinching. Her employer's patience, common sense and motherly care transformed this seemingly hopeless child into a respected citizen in the small community in which she lives. True, she is mentally deficient, true also that she has a great loyalty for her employer and a keen desire to live up to her expectations. May we not be glad that "one of the least" has been salvaged. Such a foster home is indeed rare. The social advice and education which must be given most employers and parents of the mentally deficient consume much of the social worker's time. In this rare case the employer understood and could take full advantage of every suggestion.

It is more apparent each year that good early training of the mentally deficient, is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately, the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances, it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high grade workers who are willing to work for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a State-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives in the resident population. It seems advisable that we plan for a State-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in State schools, will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table X we observed that .42 per cent of our school population were diagnosed as mentally defective *during a single year*. This figure does not report all of the mental defectives within these school systems, but simply those examined for the first time during 1933. As the grammar curriculum provides either eight or nine grades, the possibilities for accumulation are obvious. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1933 present a number which was 3.6 per cent of the number of children entering school for the first time during the same year. This compares the newly discovered cases of mental defect with the new children entering school for the same year. We use the first grade as a comparison because of the fact that the largest number of children enter that grade and this, of course, makes our figures all the more conservative. Accumulations of mental

defectives occur regularly in other grades to balance the accumulation of normal children so that these percentages would probably not vary a great deal for the entire school system. If of all public school children one child in 28 is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary educational and vocational training, we will enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented. In others they will diminish in exact proportion to the length of the training and supervision which are provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happily for the future of civilization this is not the case. If this linkage were a reality we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to properly train the older mental defective. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age; and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

IV. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1933

During the year 1929 the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the materials to analysis.

The waiting lists are kept up to date at all times. Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable

lable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On July 1, 1933, there were 282 cases on the waiting list of the Belchertown State School, 2,455 cases on the waiting list of the Walter E. Fernald State School, and 1,112 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three State schools was 3,849. Of these, 46.9 per cent were males and 53.1 per cent were females.

It was found that a social agency of some type was the source of application for admission in 41 per cent of the male and 51 per cent of the female cases; the parents were the source of application in 26 per cent of the male and 20 per cent of the female cases; the officials of a town or county in 11 per cent of the male and 11 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 4 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that mental defect in the child was the cause of application in 36 per cent of both sexes together. Conduct was the primary reason in 20 per cent for both sexes. The home situation was given as the cause in 9 per cent for both sexes. Marked physical defect plus retardation is given as the cause in 2.9 per cent of the males and 3.5 per cent of the females. Sex difficulties were the source of application in .5 per cent of the male and 5.6 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting lists, we observe that 13 per cent of the males had intelligence quotients between 0 and .29, while 10 per cent of the females fell in this group. In the intelligence quotient groups .30-.49, we find 28 per cent of males and 25 per cent of females. In the moron group, with intelligence quotients between .50 and .69, we observe that the females present 52 per cent as against 43 per cent for the males. In the I. Q. groups above .70 we observe 14 per cent of males and 11 per cent of females.

Comparing the males with the females, we note that the males on the waiting lists distribute themselves more evenly throughout the various I. Q. groups. The females tend to group themselves in the moron classification, presenting 52 per cent in these groupings. The males on the waiting lists exceeded the females in the idiot group, (males 13 per cent, females 10 per cent), the imbecile group (males 28 per cent, females 25 per cent), and the not mentally defective group (males 14 per cent, females 11 per cent). The females showed a much higher percentage than the males among the morons (females 52 per cent, males 43 per cent).

With regard to the ages of applicants on the waiting lists, 72 per cent of the males were under 15 years of age, while but 47 per cent of the females fell in this group. Twenty-one per cent of both sexes fell in the age group 15-19 years. But 8 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 28 per cent of the females. Sixty-two cases on the list were 40 years of age or over. These cases make up .5 per cent of the males and 2.7 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins,luetics, hydrocephalics, epileptics and endocrine imbalance. The females are in larger proportions in the mongols, spastics and defective delinquents. The differences between the sexes in these groups are not large, however.

Of the cases not falling in these clinical groups, the males predominate among the idiots (males 9 per cent, females 7 per cent), the morons (17.9 per cent of males and 17.5 per cent of females), and the group not mentally defective. The females predominate in the imbecile group (females 19 per cent, males 18 per cent).

A study was also made of the source of application by county of residence, and compared with the population of these counties in 1930. The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 337 applicants. Nantucket was second with 135; Suffolk third with 117; Middlesex fourth with 94; Dukes fifth with 80; Franklin sixth with 78; and Essex seventh with 77. Plymouth, Worcester, Norfolk, Bristol, Berkshire, Hampshire and Hampden counties presented the lowest rates with 69, 60, 52, 48, 46, 46 and 38 persons on the application list per 100,000 of the population of each county, respectively.

The total of 3,849 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an addi-

tional State school to care for these mentally deficient individuals. New applications are accumulating at the rate of approximately 500 per year. This figure *excludes* over 400 cases admitted to State schools each year.

V. RECOMMENDATIONS

For several years the Director has been pointing out the necessity of the social supervision of (a) children in special classes and (b) children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. This survey included an analysis of 219 children still in special classes and a total of 230 children who had left special classes.

The findings of the above survey suggest that some comprehensive plan should be elaborated for supervision of the retarded or mentally defective child while still in the public schools and after he has left the public schools. If we are to aid these children in effecting an adjustment so that they may remain in the community, it is urgently necessary that we enlarge the scope of our supervisory activities and help these children not only while they are in public schools but until they are twenty-one. The Department of Public Welfare, for example, supervises children placed in their care until they are twenty-one, and the great majority of these children are normal in respect to intelligence. How much more important it is that children who do not possess the judgment to guide aright their own affairs should have assistance up to the same age. A recent study completed by this Division shows that the average cost of caring for a mentally defective child in one of our State schools is approximately \$450 per year, and that on the average each child admitted to one of our State schools will cost the Commonwealth approximately \$2,600. There is little doubt that the special class movement, for example, has been the means of keeping many children in the community who otherwise would require admission. The additional cost of caring for these children in special classes is negligible in comparison with the larger expense involved in State school care. The Department of Education states that the average cost of caring for 8,840 children in special classes for the year 1933 was \$130 per child. The average school cost per normal child for the same year was \$90.40. Thus, the special class care of the retarded child averaged \$40 higher than that of the normal child. When we compare this amount of \$40 to the annual cost of \$450 for caring for the defective child in one of our State schools, the economy of the special class movement becomes evident. However, we are pursuing a short-sighted policy in not providing further supervision for these children when they leave special classes. The field of education cares for these children until they are 16. When they return and when this supervision is relaxed we may expect difficulties to arise. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period. Community adjustment and the attaining of positions for self-support are factors which can hardly be dealt with by the mental defective without social supervision and guidance. The provision of means for carrying out this important work should be effected at the earliest possible date.

I also wish to point out the necessity for an additional appropriation to care for cases committed to this Division and those cared for on a voluntary basis. The present economic situation has greatly increased the demands for social service supervision of the mentally defective. Individuals and agencies are making increasing demands on the Division for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to do so. The problem of finding other positions for these persons has added greatly to our Divisional problems. We are greatly handicapped in our work by the fact that certain cases need temporary financial support to tide them over until a new position can be obtained. Otherwise, the only recourse available is admission to one of our State schools, and we have seen that this is a very expensive procedure. Such a solution is not only a short-sighted policy from the economic standpoint, but it is, in addition, a real injustice to retarded individuals who through years of painstaking effort have earned the right to remain in the community.

The annual appropriation of a sum of \$2,000 will enable us to carry out this work in an efficient way. It can be seen that if we could keep but five mentally defective

individuals in the community rather than have them committed to a State school, we would more than justify this expenditure. At the end of 1933 the Division was supervising 216 cases in the community, and many of these would require admission to a State school if this supervision were not available. However, there are a certain number of cases which have to be admitted each year because of the fact that no support is available for them. These are the particular cases which we wish to be able to maintain in the community.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 3,849 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his cooperation throughout the year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1933, as follows:

Visits to the Hospitals	149
Histories taken at the Hospitals	4,658
Visits to relatives of patients and others for investigation:	
By outside visits	5,746
By office calls	1,257
By telephone	1,499
Total investigations	8,502
Cases submitted for deportation to the U. S. Commissioner of Immigration	23
Cases submitted for deportation by the Department	96

Support Cases, not including Ex-Service Men of the World War

Cases pending November 30, 1932	618
New cases	3,250
	<hr/>
Made Reimbursing	957
Accepted as State Charges	2,180
Pending November 30, 1933	731
	<hr/>
	3,868

Reimbursing Cases

Cases remaining in Hospitals November 30, 1932	2,349
New cases	1,020
	<hr/>
Died	344
Discharged or on visit November 30, 1933	461
Dropped — accepted as State Charges	222
Transferred to other Institutions	78
Accepted by Veterans' Administration	1
Remaining in Hospitals November 30, 1933	2,263
	<hr/>
	3,369

Cases of Ex-Service Men of the World War considered by the U. S. Veterans' Administration for support between November 30, 1932 and November 30, 1933

Cases remaining November 30, 1932 in Hospitals	18
New cases	18
Re-opened Cases	25
	<hr/>

Died	—	
Discharged or on visit	18	
Transferred to other State Institutions	—	
Made reimbursing	—	
Rejected	34	
Remaining in Hospitals November 30, 1933	9	
	—	61
Ex-service men actually in the Hospitals November 30, 1933		371
Cases chargeable to Veterans' Administration	9	
Cases not yet chargeable (rejected or pending)	362	
	—	371

Attorney-General Cases

Cases pending in the Office of the Attorney-General, Nov. 30, 1932	81	
Reported during the year	37	
	—	118
Cases closed during the year	18	
Cases pending November 30, 1933	100	
	—	118

Summary of Work of Investigators and Clerical Force

There were 559 investigations made at various Probate Courts. In addition to their outside work, the staff of Investigators spent 5,267 hours in the office in preparing for such work and in reporting the results of their investigations.

There were 2,174 letters written concerning the general work of the Division and 1,052 letters concerning ex-service men and Veterans' Administration matters. 281 clinical abstracts and 674 stencil forms were transmitted to the Veterans' Administration.

Five thousand eight hundred sixty-seven documents relating to Probate matters were handled. 5,746 history slips were prepared for the use of the Investigators, and, including transfer records, a total of 6,028 histories were written.

Over 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to \$13,136. were rendered to the Administration during the year.

Receipts for Support of Reimbursing Patients

HOSPITAL	Year ending: Nov. 30, 1932	Year ending: Nov. 30, 1933	Total since Jan. 1, 1904
Psychopathic Hospital	\$376.28	\$1,746.86	\$37,792.63
Boston State Hospital	77,471.36	82,717.97	1,365,856.32
Danvers State Hospital	117,691.71	105,858.60	1,818,295.41
Foxborough State Hospital	50,673.04	52,695.45	523,383.53
Gardner State Colony	32,144.49	30,439.89	317,405.19
Grafton State Hospital	15,738.65	22,049.77	374,067.22
Medfield State Hospital	41,751.35	34,292.05	628,496.85
Metropolitan State Hospital	36,159.60	30,286.52	95,315.44
Northampton State Hospital	108,509.70	94,066.40	1,345,316.89
Taunton State Hospital	63,777.10	58,421.66	1,025,668.45
Westborough State Hospital	131,065.07	128,384.77	1,754,606.67
Worcester State Hospital	81,376.95	74,537.22	1,388,421.05
Monson State Hospital	20,875.67	17,816.51	318,834.42
Belchertown State School	6,716.09	6,276.03	54,195.10
Fernald State School	17,088.42	22,675.32	260,666.68
Wrentham State School	10,907.14	8,921.30	112,078.91
State Infirmary	4,835.32	1,928.28	82,326.98
Bridgewater	2,707.44	5,715.93	96,872.71
Hospital Cottages	5.43	—	1,975.93
Family Care	—	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$819,870.81	\$778,830.53	\$11,623,215.36

Yearly Totals from January 1, 1904

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)	917,593.67
Year ending November 30, 1932 (including soldiers 849.00)	819,870.81
Year ending November 30, 1933 (including soldiers 11,220.00)	778,830.53

\$11,623,215.36

Number and Board Rates of Reimbursing Patients for the Year Ending October 1, 1933

INSTITUTIONS	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1932		United State Deportation Cases		Soldier Cases	
						Daily Average Number	Average Weekly Per Capita	Daily Average Number	Average Weekly Per Capita
	M.	F.		M.	F.	M.	F.	M.	F.
Psychopathic . . . . .	.05	.18	7.26	—	2	.03	.02	1.32	—
Boston	81.79	135.88	6.82	77	165	—	—	—	.49
Danvers	93.95	176.61	7.44	109	235	—	—	.35	—
Foxborough	42.19	74.02	6.85	44	103	—	.13	1.43	.17
Gardner	35.97	34.49	8.31	30	45	—	—	—	—
Grafton	11.82	25.82	7.04	25	32	—	—	—	—
Medfield	32.69	55.83	8.00	30	58	—	.12	.26	—
Metropolitan	26.75	51.63	7.87	36	68	—	—	.49	—
Northampton	87.09	170.64	6.87	93	220	—	—	—	—
Taunton	59.27	95.41	7.51	55	105	—	—	1.68	—
Westborough	107.03	221.07	7.64	101	237	—	—	.10	2.31
Worcester	85.82	110.14	7.26	74	118	—	—	.42	—
Monson Sane } Insane }	19.72 } }	40.08 } }	6.26 } }	32 } }	40 } }	— } }	— } }	.65 } }	— } }
Belchertown	11.37	10.56	5.48	15	19	—	—	—	—
Walter E. Fernald	24.66	29.37	9.20	47	46	—	—	—	—
Wrentham	19.69	16.32	5.01	40	25	—	—	—	—
Infirmiry	4.17	7.55	4.73	1	13	—	—	—	—
Bridgewater	9.74	—	7.11	7	—	—	—	3.29	—
Hospital Cottages	—	—	—	—	1	—	—	—	—
Family Care	—	—	—	1	1	—	—	—	—
	753.77	1,258.00	7.34	817	1,532	.03	.27	9.99	2.97

This report shows that the total collections on account of reimbursements for support of patients were \$778,830.53. Of this amount \$11,220 was received for the support of ex-service men of the World War, leaving a balance of \$767,610.53 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$30.23. I am also submitting on the same sheet a statement showing receipts on account of support for each year from Jan. 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1932, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$11,623,215.36.

This Division has an active reimbursing list of approximately 2,350, the maximum rate in any case being \$10 per week and the minimum rate being \$1 per week.

Investigations by this Division have resulted in the deportation to other states and countries of 119 patients during the year ending November 30, 1933. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10 per week, this would seem to have effected a saving to the Commonwealth of about \$618,800.

Respectfully submitted,

PAUL A. GREEN,

Supervisor.

ACKNOWLEDGMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the additional appropriation made available for the continuance of our research project in the epidemiology of mental diseases and mental defect. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date, our research project was further extended by the Foundation for a three-year period to end July 1, 1934.

JAMES V. MAY, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1933, is respectfully submitted.

At the end of the present statistical year there were on file within the Department a total of approximately 141,815 cases comprising approximately 250,000 statistical cards on patients in our mental hospitals and state schools. They include statistical cards on the resident population of each of the State institutions (representing over 30,000 cases alone), and statistical cards on all discharges and deaths at each institution from 1916 to the present time. These outline themselves as follows:

	<i>Cases</i>
Ten-year discharges:	
Mental Diseases	59,398
Mental Deficiency	3,585
Epilepsy	1,915
	<hr/>
	64,898
Cases Discharged 1927-1933:	
Mental Diseases and Epilepsy	44,774
Mental Deficiency	1,738
	<hr/>
	46,512
Cases on Books, 1933:	
Mental Diseases and Epilepsy	25,203
Mental Deficiency	5,202
	<hr/>
	30,405
Total:	
Mental Diseases and Epilepsy	131,290
Mental Deficiency	10,525
	<hr/>
Total	141,815

The past year saw the completion of the actual statistical and mathematical work of 4 major research studies and the inauguration of a fifth research investigation. The first of these comprised a clinical analysis of 3,237 mentally defective children at the Wrentham State School. The accumulated data contains a wealth of material on the personal and physical development of the mentally defective children as well as important environmental data. At the present time a book of 20 chapters is partially completed on this particular study. It presents the relation

between population density and other significant influences in the life history of the children concerned. The results of this study quite definitely suggest that population as an environmental factor has a powerful influence on the development of certain characteristics in mentally deficient children.

The second research which has been completed comprises a clinical research study of 12,761 mental patients at the Boston State and Worcester State Hospitals. Two major analyses have been made, one on the psychoses and their relation to other specific clinical factors, and the second on physical defects and their relation to the same specific factors. Approximately 400 tables have been completed on this study and the material is ready for a final summing up and writing up of the findings contained therein.

Research study number 3 concerns itself with an analysis of 8,298 patients who were admitted to our three State schools between October 1, 1916 and December 30, 1930, inclusive. This study is particularly concerned with interesting factors associated with the multiple admissions of these children. For instance, of the 8,298 cases, 6,645 had had one admission only to the state school, 1,427 had had two admissions and 226 had had three admission during the period studied. A rough draft of some of the findings of the study has been prepared and it is ready for a final summing up of the data in written form. Approximately 90 tables have been completed on this analysis.

The fourth research study comprised an analysis of the I. Q. changes of mental defectives admitted to the three State schools during the period 1916-1930, inclusive. This particular study embraces an analysis of 14,826 I. Q. ratings of 9,697 patients and is subdivided into the four mental status groups, idiot, imbecile, moron and not mentally defective. During the course of their residence in the State schools some of these patients had had no I. Q. changes while others had as many as eight changes recorded. The crude figures on this study have been completed and many of the calculations for averages and percentages worked out. It has not yet been possible to investigate the results, however, or to note down the many interesting phenomena with regard to the changes of I. Q. within the individual mental status groups. The final analysis of this study should be of special significance and show us a great deal with regard to the average ability of patients in the separate mental status groups to develop and increase their I. Q. ratings.

A fifth statistical research study was inaugurated during the past year concerning the outcome of cases who were admitted to the various state hospitals in Massachusetts during the individual years, 1917 to 1932, inclusive. In this study we are taking the admissions to the thirteen mental hospitals during each calendar year and will analyze the outcome on December 31, 1932, that is, whether or not the patient was discharged, had died, or remained in residence on the above date. A grand total of approximately 98,000 cases is included in this research of which 60,000 are discharges, 20,000 are deaths, and 17,000 are cases who were still in residence on December 31, 1932. At the present time the actual table work on this analysis is under way. It is expected that the large number of tables as well as the large number of cases involved will make this particular study a rather lengthy, piece of work. However, it will give us information which, up to the present time, has not been available, — the expectation of hospital life of first admissions and of readmissions in the various psychotic classifications.

The Director wished to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1933, is respectfully submitted.

SUMMARY OF CONTENTS, DIVISION OF STATISTICS

- I. Departmental Statistics, Tables A to J.
- II. Statistical Review: Subjects of Text Discussion.
 - A. General Discussion of All Classes under Care.

- B. All Admissions to Mental Hospitals During 1933.
- C. All Discharges from Mental Hospitals During 1933.
- D. Deaths in Mental Hospitals During 1933.
- E. Resident Population of Mental Hospitals on September 30, 1933.
- F. General Discussion of All Classes Under Care in State Schools.
- G. Admissions to State Schools for the Mentally Deficient During 1933.
- H. All Discharges from State Schools for the Mentally Deficient during 1933.
- J. All Deaths Occurring in State Schools for the Mentally Deficient during 1933.
- K. All Patients in Residence in State Schools for the Mentally Deficient on September 30, 1933.

III. Graphs: —

Departmental Statistics — Graphs A to C

Mental Diseases — Graphs 1 to 9 inclusive.

Mental Deficiency — Graphs 10 to 16 inclusive.

The Statistical Division of the Department was reorganized in 1926. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected, and the scope of information and data on our patient population, both insane and feebleminded, was tremendously increased. This system was likewise installed at Bridgewater, Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus, we have a total of twenty-one institutions coming under the Department system. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient, and at the end of the year a set of eighteen tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution, and the machine equipment at the central office is made use of to relieve institutions of these duties.

The 1933 report of the Department is the sixth making use of the new statistical system. It contains tables of first admissions on all forms; that is, admissions on regular court commitment, admissions for temporary care, on observation, on voluntary status, and transfers. It likewise contains complete data in reference to all discharges and deaths at the various State hospitals during the year. In addition, there is a section analyzing the status of our resident population at the end of the statistical year. A total of 189 tables are presented.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the report. These tables discuss various aspects in connection with admissions, discharges, deaths and the resident population of the three State schools.

Respectfully,

NEIL A. DAYTON, *Director.*

DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ending November 30, 1933 — By Institution.

INSTITUTIONS	Year of Opening	Number Patients Under Care Nov. 30	Num-ber Total Admis-sions ¹	ACREAGE		Land ⁴	Buildings and Betterments ⁵	Personal Property ⁶	Farm and Garden Products	Industrial	Total
				Total Acres	Buildings Sites and Grounds Acres						
<i>Hospitals for Mental Diseases:</i>											
Boston Psychopathic	1912	92	2,019	2.00	2.00	—	\$511,380.21	\$58,370.56	—	\$615.00	\$629,665.77
Boston State	1839 ²	2,156	777	224.66	101.667	122.993	3,046,977.21	395,734.72	\$12,398.50	12,288.17	4,099,413.05
Danvers	1878	2,050	873	517.68	248.18	269.50	2,718,674.71	289,033.34	82,550.86	32,463.02	3,221,833.93
Foxborough	1893	1,110	292	352.40	268.90	83.50	1,887,572.09	306,211.21	37,511.05	13,406.80	2,280,101.15
Gardner	1902	1,316	130	1,856.00	1,533.75	322.25	1,499,302.25	408,933.57	72,270.68	20,419.83	2,042,051.33
Grafton	1915 ³	1,391	88	1,087.90	821.65	266.25	1,378,249.08	215,158.98	71,958.82	18,573.38	1,721,540.26
Medfield	1896	1,762	233	670.83	431.83	239.00	1,708,770.54	310,702.22	72,844.94	24,857.00	2,171,504.70
Metropolitan	1930	1,187	45	386.96	355.96	31.00	4,114,761.00	391,348.09	6,207.93	1,475.10	4,584,914.12
Northampton	1858	1,756	529	550.75	334.75	216.00	1,954,828.06	219,520.12	69,557.85	19,146.57	2,436,717.60
Taunton	1854	1,489	483	456.00	303.25	152.75	1,175,127.29	245,898.88	56,956.25	23,572.00	1,564,554.42
Westborough	1886	1,468	520	763.93	447.78	316.15	1,239,918.22	322,729.62	62,244.94	21,549.94	1,714,312.72
Worcester	1833	2,182	799	589.16	412.16	177.00	2,042,646.68	469,714.21	63,737.14	35,920.65	3,079,148.68
Monson (epileptic)	1898	1,383	224	661.79	538.04	123.75	1,565,581.62	327,535.81	45,423.35	11,634.93	1,968,220.71
Total		19,342	7,012	8,120.06	5,799.97	2,320.143	\$1,820,233.45	\$3,960,891.33	\$653,662.31	\$235,922.39	\$31,513,978.44
<i>Schools for Mental Defectives:</i>											
Belchertown	1922	1,269	79	774.10	632.10	142.00	\$2,703,943.19	\$341,047.50	\$53,761.27	\$5,652.11	\$3,136,706.32
Walter E. Fernald	1848	1,831	189	2,051.69	1,745.69	306.00	2,028,466.59	416,995.22	79,761.10	25,137.67	2,700,621.58
Wrentham	1907	1,784	224	590.00	419.00	171.00	1,759,562.07	385,957.08	69,438.79	22,044.92	2,268,364.86
Total		4,884	492	3,415.79	2,796.79	619.00	\$6,491,971.85	\$1,143,999.80	\$202,961.16	\$52,834.70	\$8,105,692.76
Grand Total		24,226	7,504	11,535.85	8,596.707	2,939.143	\$2,034,158.70	\$5,104,891.13	\$856,623.47	\$288,757.09	\$39,619,671.20

¹ During Statistical Year Ending September 30, 1933² Taken over by State in 1908.³ Part of Worcester State Hospital from 1877 to 1915⁴ Valuation as per Section 13 to 17, Chapter 58, General Laws.⁵ Valuation by Committee of Comptroller and Representatives of Institutional Departments.⁶ Valuation as per Regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1933, — By Institutions.*

INSTITUTIONS	Number Patients Actually in Institutions.	Number Total Admissions. ¹	NUMBER OF OFFICERS AND EMPLOYEES						NUMBER OF PATIENTS TO EACH				
			Total	Physicians.	Resident Dentists.	Industrial and Educational Department.	Social Workers.	Graduate Nurses.	Other Nurses and Attendants.	All Others.	Resident Physician.	Nurse and Attendant.	Em- ployee.
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic	92	2,019	143	10	1	2	6	14	33	77	9.20	1.96	.64
Boston	2,156	777	529	15	—	16	5	26	276	190	143.73	7.14	4.08
Danvers	2,050	873	401	10	—	7	6	17	200	161	205.00	9.45	5.11
Foxborough	1,110	292	226	8	1	6	2	12	101	96	138.75	9.82	4.92
Gardner	1,316	130	242	8	1	9	3	7	125	89	164.50	6.97	5.44
Grafton	1,391	88	303	7	1	7	1	22	114	151	198.71	10.23	4.59
Medfield	1,762	233	354	8	1	8	2	18	171	146	220.25	9.32	4.98
Metropolitan	1,187	45	179	6	1	3	1	5	78	85	197.83	14.30	6.63
Northampton	1,756	529	305	7	—	3	2	12	159	121	250.86	10.27	5.76
Taunton	1,489	483	308	10	—	3	3	18	156	116	148.90	8.56	4.83
Westborough	1,468	520	307	9	1	6	2	24	126	139	163.11	9.79	4.78
Worcester	2,182	799	479	13	1	9	4	39	226	187	167.85	8.23	4.56
Monson (epileptic)	1,383	224	291	8	1	5	2	14	145	116	172.88	8.70	4.75
Total	19,342	7,012	4,067	119	11	86	39	228	1,910	1,674	162.54	9.04	4.76
<i>Schools for Mental Defectives:</i>													
Belchertown	1,269	79	236	6	1	17	2	4	121	85	211.50	10.15	5.38
Walter E. Fernald	1,831	189	354	8	—	32	3	1	200	110	228.88	9.11	5.17
Wrentham	1,784	224	291	7	1	24	3	—	174	82	254.86	10.25	6.13
Total	4,884	492	881	21	2	73	8	5	495	277	232.57	9.77	5.54
Grand Total	24,226	7,504	4,948	140	13	159	47	233	2,405	1,951	173.04	9.18	4.90

¹During Statistical Year Ending September 30, 1933

TABLE C. — *Average Weekly Per Capita Costs* for Maintenance and Operation for the Period 1917 to 1933, by Institution*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923	1924	1925
<i>Hospitals for Mental Diseases:</i>									
B. Psycho. . .	\$25.95	\$30.91	\$32.29	\$36.90	\$41.84	\$42.38	\$50.92	\$48.57	\$48.94
Boston State. .	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73
Danvers. . .	5.61	6.94	5.49	7.24	6.59	6.24	7.09	6.52	6.45
Foxborough. . .	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27
Gardner. . .	5.02	6.13	6.42	6.92	6.70	6.43	6.67	6.42	6.73
Grafton. . .	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13
Medfield. . .	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36
Metropolitan. .	—	—	—	—	—	—	—	—	—
Northampton. .	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.00	6.43
Taunton. . .	5.57	6.28	6.34	6.65	6.43	6.15	6.69	7.13	6.71
Westborough. .	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.36
Worcester. . .	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78
Monson (epil.) .	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62
Average per capita cost including Psycho. .	\$5.71	\$6.76	\$6.41	\$7.45	\$7.08	\$6.68	\$7.11	\$6.99	\$7.02
Average per capita cost excluding Psycho. .	\$5.57	\$6.61	\$6.25	\$7.27	\$6.86	\$6.46	\$6.88	\$6.77	\$6.80
<i>Schools for Mental Defectives:</i>									
Belchertown. . .	—	—	—	—	—	—	\$3.25	\$9.19	\$8.06
W. E. Fernald. .	\$4.68	\$5.49	\$6.00	\$6.70	\$7.07	\$6.51	6.70	7.08	6.99
Wrentham. . .	4.57	5.61	5.54	6.95	6.80	6.43	7.34	6.79	6.81
Average per capita cost. .	\$4.64	\$5.54	\$5.80	\$6.81	\$6.95	\$6.47	\$7.65	\$7.32	\$7.14
Average per capita cost of all institution	\$5.54	\$6.56	\$6.31	\$7.34	\$7.06	\$6.64	\$7.20	\$7.05	\$7.04

*This table is figured less sales, but not less paying patients and other receipts.

TABLE C. — *Average Weekly Per Capita Costs for Maintenance and Operation for the Period 1917 to 1933, by Institution — Concluded*

INSTITUTIONS	1926	1927	1928	1929	1930	1931	1932	1933
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic	\$49.62	\$51.01	\$51.99	\$58.51	\$55.20	\$56.141	\$55.522	\$54.901
Boston State. . .	6.83	6.94	7.00	7.15	7.18	7.054	6.937	6.385
Danvers. . .	6.93	6.80	6.79	7.24	6.97	6.789	6.27	5.584
Foxborough. . .	8.50	8.85	8.08	7.81	7.75	7.526	6.704	5.851
Gardner. . .	6.37	6.64	6.81	6.93	6.95	6.658	6.017	5.468
Grafton. . .	6.36	6.85	6.80	6.98	7.37	7.509	6.623	6.048
Medfield. . .	6.04	6.58	6.55	6.97	6.82	6.605	6.175	5.484
Metropolitan. . .	—	—	—	—	—	6.900	5.359	4.842
Northampton. .	6.23	6.41	6.64	6.43	6.22	6.003	5.421	4.678
Taunton. . .	6.56	7.28	7.26	7.38	7.35	7.002	6.312	5.724
Westborough. . .	7.32	8.75	7.78	7.50	7.32	7.301	6.826	5.788
Worcester. . .	6.29	7.03	6.97	7.21	7.09	6.984	6.493	6.024
Monson (epileptic) .	6.52	6.85	6.89	6.99	7.42	6.922	6.248	5.738
Average per capita cost including Psychopathic. . .	\$6.86	\$7.22	\$7.28	\$7.37	\$7.33	\$7.137	\$6.508	\$5.849
Average per capita cost excluding Psychopathic. . .	\$6.65	\$7.00	\$7.04	\$7.13	\$6.97	\$6.916	\$6.304	\$5.665
<i>Schools for Mental Defectives:</i>								
Belchertown. . .	\$7.86	\$8.03	\$8.02	\$8.42	\$8.03	\$7.807	\$6.546	\$5.599
Walter E. Fernald. .	7.16	7.18	7.09	7.09	7.19	7.158	6.661	5.672
Wrentham. . .	6.37	6.76	6.65	7.05	6.62	6.268	5.787	4.919
Aver. per capita cost	\$7.01	\$7.19	\$7.13	\$7.37	\$7.25	\$6.996	\$6.317	\$5.381
Aver. per capita cost of all institutions. .	\$6.89	\$7.21	\$7.25	\$7.37	\$7.32	\$7.111	\$6.472	\$5.760

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1933 Inclusive*

INSTITUTIONS	1917 %	1918 %	1919 %	1920 %	1921 %	1922 %	1923 %	1924 %	1925 %
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	—	—	—	—	.06	2.45	1.55	3.68	2.05
Boston State Hospital	5.09	4.28	5.24	7.21	7.12	6.97	9.61	11.39	7.63
Danvers State Hospital	5.71	4.47	7.31	7.49	8.71	11.69	11.02	14.72	12.32
Foxborough State Hospital	3.08	1.36	1.65	3.97	4.21	4.49	3.95	7.17	6.29
Gardner State Colony	1.63	.75	.38	1.32	1.11	1.31	1.59	4.68	2.89
Grafton State Hospital	2.06	1.52	2.26	2.76	2.59	3.16	2.04	5.13	1.98
Medfield State Hospital	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48
Metropolitan State Hospital	—	—	—	—	—	—	—	—	—
Northampton State Hospital	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15
Taunton State Hospital	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36
Westborough State Hospital	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18
Worcester State Hospital	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62
Monson (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82
Average	4.11	3.53	3.88	3.28	5.41	6.21	6.09	9.75	7.12
<i>Schools for Mental Defectives:</i>									
Belchertown State School	—	—	—	—	—	—	.02	.20	.36
W. E. Fernald State School	1.07	.78	.64	1.19	1.22	1.64	1.12	1.82	2.17
Wrentham State School	.41	.14	.15	.38	.28	1.40	.43	.46	1.04
Average	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08
Family Care under Dept.	9.95	6.84	.60	—	—	18.25	—	4.21	23.67

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1933 Inclusive — Concluded*

INSTITUTIONS	1926 %	1927 %	1928 %	1929 %	1930 %	1931 %	1932 %	1933 %
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	1.46	1.06	1.79	.61	.59	.87	.16	4.08
Boston State Hospital	15.27	15.26	13.95	12.05	12.21	13.04	10.34	11.45
Danvers State Hospital	22.76	24.04	23.36	19.34	19.55	17.83	17.31	17.23
Foxborough State Hospital	11.89	11.65	13.18	13.73	14.30	14.10	13.36	15.17
Gardner State Colony	6.82	7.70	7.38	8.79	9.19	7.49	7.62	7.66
Grafton State Hospital	3.56	4.55	3.58	3.76	4.22	2.84	3.19	4.95
Medfield State Hospital	6.18	6.77	7.63	6.26	6.02	5.92	7.25	6.97
Metropolitan State Hospital	—	—	—	—	—	8.96	11.01	9.92
Northampton State Hospital	30.10	28.72	25.83	25.86	23.18	24.21	22.87	22.06
Taunton State Hospital	16.24	15.81	14.58	12.28	13.17	12.67	12.49	12.63
Westborough State Hospital	31.31	31.62	30.32	30.35	29.45	30.14	25.41	28.27
Worcester State Hospital	14.53	13.57	13.74	12.00	12.28	11.75	10.83	10.60
Monson Hospital (epileptic)	6.28	7.29	7.24	5.70	4.86	4.78	4.67	4.21
Average	14.78	14.82	14.36	13.12	12.99	12.53	11.86	12.49
<i>Schools for Mental Defectives:</i>								
Belchertown State School	1.72	1.59	2.39	1.95	1.85	1.51	1.64	1.74
Walter E. Fernald State School	4.20	4.33	5.51	4.03	3.82	2.88	2.94	4.41
Wrentham State School	1.46	1.89	2.94	2.35	2.62	2.61	2.25	2.06
Average	2.73	2.87	3.90	2.93	2.90	2.42	2.35	2.90
Grand Average	12.57	12.66	12.49	11.27	11.16	10.67	10.15	10.78
Family Care under Department	6.30	4.59	4.26	5.54	3.65	—	—	6.12

NOTE: — See Tables showing number and percentage paying patients on page 123 for Institutions for the Insane, Feeble-minded and Epileptic, and page 123 for Institutions for the Feeble-minded.

TABLE E. — *Percentage of Total Net Expenditures by the State, Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics* from 1913 to 1933*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feeble-minded and Epileptic	Percent- age
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920.	46,648,928.67	7,852,184.56	16.83
1921.	41,669,278.65	8,252,082.46	19.80
1922.	44,114,727.08	8,217,175.36	18.63
1923.	45,438,413.85	8,777,574.59	19.10
1924.	47,286,108.80	8,577,393.51	18.14
1925.	46,613,633.49	8,506,305.01	18.25
1926.	49,164,754.28	8,674,918.98	17.64
1927.	51,537,132.98	9,537,342.42	18.51
1928.	53,763,560.75	10,441,689.17	19.42
1929.	58,346,381.85	12,030,668.66	20.62
1930.	64,150,582.95	12,728,067.23	19.84
1931.	75,282,580.95	12,408,228.22	16.48
1932.	77,971,941.54	11,495,403.21	14.74
1933.	64,091,084.85	8,921,067.31	13.92

*Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

Note:—The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1933*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>Mental Hospitals</i>				
Worcester State Hospital	2,255	2,181	74 ¹	3.28
Taunton State Hospital	1,156	1,507	351	30.36
Northampton State Hospital	1,566	1,808	242	15.45
Danvers State Hospital	1,812	2,134	322	17.77
Westborough State Hospital	1,287	1,504	217	16.86
Boston State Hospital	1,959	2,181	222	11.33
Boston Psychopathic	109	80	29 ¹	26.60
Grafton State Hospital	1,292	1,400	108	8.35
Medfield State Hospital	1,604	1,786	182	11.34
Gardner State Colony	1,213	1,304	91	7.50
Foxborough State Hospital	987	1,157	170	17.22
Mental Wards, State Infirmary	603	605	2	.33
Bridgewater State Hospital	908	938	30	3.30
Metropolitan State Hospital	1,372	1,221	151 ¹	11.00
Total	18,123	19,806	1,683	9.28
<i>State Schools</i>				
Walter E. Fernald State School	1,432	1,770	338	23.60
Wrentham State School	1,328	1,748	420	31.60
Belchertown State School	1,133	1,253	120	10.59
Total	3,893	4,771	878	22.55
<i>Epileptic</i>				
Monson State Hospital	1,059	1,412	353	33.33
Aggregate	23,075	25,989	2,914	12.62

¹Decrease or undercrowding

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1933, Inclusive*

INSTITUTIONS BY YEARS	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients. ¹	Percent-age.
1905				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital— Epileptic	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital— Epileptic	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital— Epileptic	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital— Epileptic	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital— Epileptic	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital— Epileptic	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital— Epileptic	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital— Epileptic	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital— Epileptic	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital— Epileptic	976	963	-13	-1.33
Total	15,834	16,396	562	3.54
1915				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital— Epileptic	968	1,015	47	4.86
Total	16,436	17,095	659	4.03

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1933, Inclusive — Con.*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients ¹	Percent-age.
1916				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital—Epileptic.	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital—Epileptic.	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital—Epileptic.	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital—Epileptic.	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital—Epileptic.	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital—Epileptic.	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital—Epileptic.	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital—Epileptic.	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital—Epileptic.	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22
1925				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital—Epileptic.	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital—Epileptic.	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1933, Inclusive — Con.*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients ¹	Percentage
1927				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital — Epileptic.	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	362	10.19
Monson Hospital — Epileptic.	967	1,214	247	25.54
Total	20,580	22,908	2,329	11.31
1929				
State Hospitals	16,161	18,150	1,989	12.30
State Schools	3,654	3,941	287	7.85
Monson Hospital — Epileptic.	1,037	1,241	204	19.67
Total	20,852	23,332	2,480	11.89
1930				
State Hospitals	16,270	18,558	2,288	14.06
State Schools	3,866	4,159	293	7.58
Monson Hospital — Epileptic.	1,131	1,290	159	14.05
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	17,752	19,106	1,354	7.62
State Schools	4,061	4,412	351	8.64
Monson Hospital — Epileptic.	1,131	1,340	209	18.47
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	17,883	19,460	1,577	8.81
State Schools	4,297	4,566	269	6.26
Monson Hospital — Epileptic.	1,171	1,396	225	19.21
Total	23,351	25,422	2,071	8.86
1933				
State Hospitals	18,123	19,806	1,683	9.28
State Schools	3,893	4,771	878	22.55
Monson Hospital — Epileptic.	1,059	1,412	353	33.33
Total	23,075	25,989	2,914	12.62

¹Minus sign indicates decrease in number of patients or percentage undercrowding.

CAPACITIES OF INSTITUTIONS

The question of capacities of the State institutions for the mentally ill, feeble-minded and epileptic was first considered in 1905. The report for that year stated "It is necessary to establish some definite unit of capacity for comparative purposes, in order to avoid crowding one institution more than another, to promote the even and full utilization of space, to fairly apportion commitments, and to facilitate a uniform comparison of costs of construction of buildings, so far as essential variations in their character may allow.

"The capacity for patients determines the amount of work which an institution may properly be called upon to do, and should be commensurate with facilities not only for the immediate care of patients, but also for general administration outside of the wards. Although administrative facilities are very important from the standpoint of convenience and economy, they do not directly affect the welfare of patients; therefore the scope of this inquiry has been restricted to space for their care on the wards.

"Measurements have been made only of space actually in use as patients' quarters or easily available therefor without material structural alteration. Toilet,

bath and clothes rooms are found in every ward in every institution, and, although varying much in degree of adequacy, have been eliminated as a constant quantity in the computation of capacities. Narrow corridors and certain spaces adjoining toilet rooms, not suitable for living purposes for hygienic or other reasons, have been excluded in every case.

"How much floor area in a 10-foot story is needed for each patient? The paramount consideration relates to air supply, which depends more upon efficiency of ventilation than upon space allowance. However, draughts must be avoided, and sufficient "elbow room" afforded patients. R. C. Carpenter in his "Heating and Ventilating Buildings" writes: 'Authorities differ greatly as to the amount of air to be provided per person, but at the present time they seem well united in considering the admission of 30 cubic feet of air per minute for each person as giving good ventilation, and this amount is required by law for school buildings in Massachusetts.' Such requirement would be met if each patient should be allowed 50 square feet of floor area in a 10-foot story with change of air 3.6 times every hour. In the sufficiency of such standard of air supply and in the opinion that such demand upon ventilating apparatus is moderate, both the secretary of the Massachusetts State Board of Health and the State inspector of buildings agree, although the latter recommends an increase of 25 to 50 per cent in the air supply for patients sick in bed continuously.

"Single rooms have been considered by themselves, apart from dormitories and day rooms. They vary much in size in different institutions, but, inasmuch as each can provide for only one patient at night, and as a rule is not used at all by day, each room has been reckoned as sleeping accommodation for a single patient, who has been allowed in addition 50 square feet of floor area in day space."

A uniform rating of capacities of State institutions under supervision was thus adopted for the first time in 1905 and at that time the space actually in use as patients' quarters at the different State institutions was carefully measured. The standard then adopted was as follows:

"Fifty square feet per patient in day rooms, an equal amount in dormitories, and 100 square feet in rooms used continuously by the sick in bed or other classes, with the exception that in colony buildings, where the patients are all quiet, clean, able-bodied and out of doors most of the day, the day space has been reduced to 30 square feet."

Each year after 1905 changes in capacity were reported by the institutions. The Department, however, in 1927 felt that the subject of capacities was of such importance as to make it desirable to ascertain what changes there were in the use of space at the different institutions and what remodelling had taken place. Accordingly, a resurvey was started and each space measured. A new unit of capacity was adopted which modified slightly the one in use since 1905 and is as follows:

"Thirty square feet per patient in day rooms, fifty square feet in dormitories; with the exception that one hundred square feet be used in rooms occupied by the newly admitted and acutely sick, by tubercular, adult epileptic or disturbed patients, by patients who are both noisy and untidy, or by patients suffering from an acute physical disease — the one hundred square feet either to be in rooms occupied both night and day or fifty square feet in day rooms and fifty square feet in dormitories."

In the new survey in order to determine each space a floor plan was made of each ward with the description of the space numbered to identify it. Forms were printed to record the information obtained as follows:

A general description of the building.

A form which permitted for a description of each space used.

A form on which to record the information regarding each ward or building.

Summary sheets for each institution.

The mental wards at the State Infirmary, and the Bridgewater State Hospital have not been measured in the resurvey — these institutions being as a whole under other Departments. The figures given for working capacity at these two hospitals are the figures formerly used.

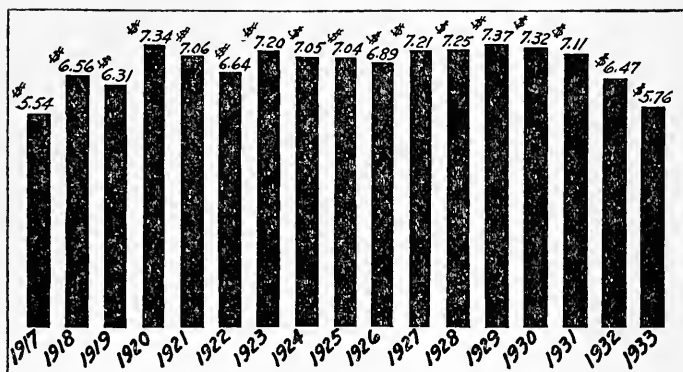
The new ratings for each institution are found in Table F. The totals are observed in Table G.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1933, Inclusive*¹

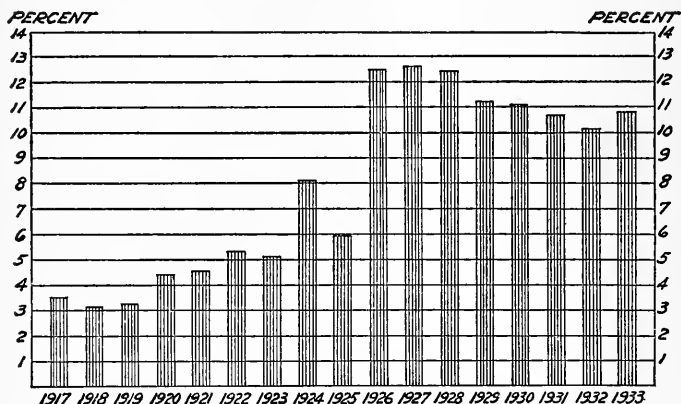
YEAR	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904.	10,100	1,189	11.7
1905.	10,071	1,217	12.1
1906.	10,237	1,299	12.7
1907.	10,602	1,300	12.3
1908.	11,460	1,390	12.1
1909.	11,994	1,488	12.4
1910.	12,562	1,462	11.6
1911.	12,972	1,521	11.3
1912.	13,481	1,585	11.8
1913.	13,949	1,603	11.5
1914.	14,202	1,503	10.6
1915.	14,786	1,506	10.2
1916.	15,054	1,535	10.2
1917.	15,434	1,512	9.8
1918.	15,476	1,595	10.3
1919.	15,217	1,548	10.2
1920.	15,678	1,526	9.7
1921.	16,428	1,683	10.2
1922.	16,810	1,604	9.4
1923.	17,051	1,985	11.6
1924.	17,515	1,916	10.9
1925.	17,990	2,051	11.4
1926.	18,149	2,194	12.1
1927.	18,573	2,282	12.3
1928.	18,997	2,336	12.2
1929.	19,391	2,345	12.0
1930.	19,848	2,361	11.0
1931.	20,446	2,310	11.2
1932.	20,856	2,219	10.6
1933.	21,218	2,156	10.1

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1933, Inclusive.*

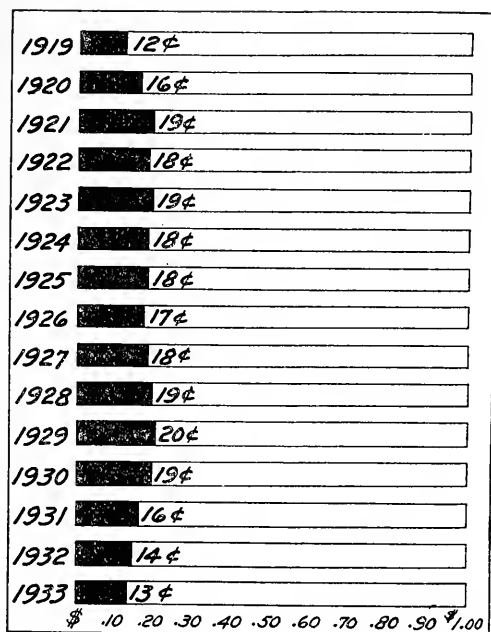
YEAR	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE,
1917 TO 1933



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS,
COLLECTED FROM PAYING PATIENTS, 1917 TO 1933



GRAPH C. — PORTION OF EVERY STATE DOLLAR
EXPENDED ON MENTAL DISEASES, 1919 TO 1933

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes under Care in Mental Hospitals, 1933, and Previous Years.

Section A is devoted to a general discussion of all classes under treatment, and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1933. Other items of general interest are outlined.

ALL CLASSES UNDER CARE, 1933

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1933, and comprises cases actually within institutions.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1933*

INSTITUTIONS	Total All Forms	With Psychoses	WITHOUT PSYCHOSES			
			Epileptic	Mentally Defec- tive	Borderline or Dull ²	Other Groups
<i>Mental Hospitals</i>						
Boston State	2,181	2,158	—	9	—	14
Boston Psychopathic	80	61	—	1	—	18
Danvers	2,134	2,123	1	1	—	9
Foxborough	1,157	1,135	—	21	—	1
Gardner	1,304	1,256	—	47	—	1
Grafton	1,460	1,393	—	5	—	2
Medfield	1,786	1,783	—	1	—	2
Metropolitan	1,221	1,221	—	—	—	—
Northampton	1,808	1,771	—	36	—	1
Taunton	1,507	1,505	—	—	—	2
Westborough	1,504	1,492	—	1	—	11
Worcester	2,181	2,168	—	4	—	9
Monson (epileptic)	1,412	679	731	—	—	2
Family Care under Department	14	14	—	—	—	—
Total	19,689	18,759	732	126	—	72
<i>State Schools</i>						
Belchertown	1,253	—	—	1,176	77	—
Walter E. Fernald	1,770	—	—	1,728	42	—
Wrentham	1,748	—	1	1,689	58	—
Hospital Cottages for Children	102	—	—	92	—	10
Total	4,873	—	1	4,685	177	10
<i>Other Public Institutions</i>						
Mental Wards (State Infirmary)	605	592	—	13	—	—
Bridgewater	938	904	1	22	—	11
Infirmarys ¹	557	—	—	—	—	—
Total	2,100	1,496	1	35	—	11
<i>Private and Governmental Institutions</i>						
McLean Hospital	177	173	—	—	—	4
U.S. Veterans' Admin. Facility No. 95	551	545	—	4	—	2
U.S. Veterans' Admin. Facility No. 107	758	749	—	—	—	9
Seventeen other private institutions	316	187	5	86	—	38
Total	1,802	1,654	5	90	—	53
Total — All Classes under Care	28,464	21,909	739	4,936	177	146

¹During the present year it was not possible to differentiate the cases in infirmaries.

²Patients not mentally defective, I. Q. .75 or over.

There were 28,464 patients of all classes under treatment in institutions (both public and private) on September 30, 1933. Compared with the population of Massachusetts as of April 1, 1933*, this makes a rate of 651 patients under treatment for each 100,000 in the general population, or approximately one person in 153. Of this total number, 21,909 (77.0 per cent) were insane; 739 (2.6 per cent) were epileptic sane cases; 4,936 (17.3 per cent) were mentally defective; 177 (.6 per cent) were borderline or dull admissions; and 146 (.5 per cent) were classi-

*Estimated population as of April 1, 1933 — 4,368,789.

fied as "other groups without psychoses". Five hundred fifty-seven, or approximately two percent of the total cases under care could not be classified within the specific groups as outlined above. These cases comprised admissions to the various infirmaries throughout the state.

The total number under care in public institutions was 26,662 or 93.7 per cent. The total number under care in private institutions was 1,802 or 6.3 per cent.

During the last statistical year the number of patients under treatment increased from a total of 27,397 on September 30, 1932 to a total of 28,464 on September 30, 1933, an increase of 1,067 patients. Those under care in private institutions showed an increase of 140 patients during the year.

(a) *The Insane*

The total cases held as insane in institutions on September 30, 1933, numbered 21,909. This is at the rate of 501 per 100,000 of the population of the State, or one to every 199 of the population.

The total insane in state institutions numbered 20,255, a rate of 463 per 100,000 of the population of the State, or one to every 215 of the population. There was an increase over the previous year of 177 in the insane actually within public institutions.

The total insane under private care increased 169 as compared with a decrease of 11 for the year 1933.

(b) *The Mentally Defective*

There were 90 mentally defective cases in private institutions and 4,846 cases in public institutions, making a total of 4,936 cases in both public and private institutions. This is at the rate of 112 per 100,000 of the population of the State, or one out of every 892 of the population. There was an increase of 141 for the year as compared with an increase of 21 for the previous year.

(c) *The Epileptic Sane*

The epileptic population not classified as insane numbered 739, most of whom were cared for in public institutions. The rate for this group is 16 per 100,000 of the population of the State, or one out of every 6,250 of the population. This year shows an increase of 18 in these cases.

(d) *The Borderline or Dull*

One hundred and seventy-seven cases were classified as "borderline" or "dull" during the last statistical year. These comprise chiefly children who were admitted to State schools for the mentally defective. The rate for this group is 3 per 100,000 of the general population.

(e) *Other Groups Without Psychoses*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 146, with 93 or 63.7 per cent of this number in public institutions, and 53 or 36.3 per cent in private institutions. The rate for this class as a whole is 3 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals that have not been classified as having a psychosis.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1933

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1933, inclusive. The insane in State hospitals have shown an increase of 13,302 patients over the 30-year period, representing a percentage increase of 126.5. The number of patients in schools for the mentally defective showed an increase of 4,355 over the same period, representing a percentage increase of 514.2. The total increase of all patients on the books of both public and private institutions since 1904 was 19,167, representing a percentage increase of 163.8.

TABLE 2. — *Patients on Books of All Public and Private Institutions September 30, 1904-1933 and Annual Increase*

YEAR	TOTAL			STATE HOSPITALS ¹		STATE SCHOOLS		PRIVATE INSTITUTIONS			
	Number	Annual Increase		Number	Annual Increase	Number	Annual Increase	FOR INSANE, INEBRIATES, ETC.		MENTALLY DEFECTIVE	
								Number	Annual Increase		
1904	11,705	1,018		10,519	980	847	47	259	-13	80	-8
1905	12,495	790		11,111	592	1,028	181	279	20	77	-3
1906	13,159	664		11,665	554	1,120	92	298	-19	76	-1
1907	13,602	443		12,021	356	1,228	108	276	-22	77	1
1908	14,440	838		12,752	731	1,332	104	282	6	74	-3
1909	15,107	667		13,298	546	1,443	111	293	11	73	-1
1910	15,996	889		13,968	670	1,654	211	294	1	80	7
1911	16,859	863		14,720	752	1,772	118	273	-21	94	14
1912	17,640	781		15,274	554	1,985	213	283	10	98	4
1913	18,396	756		15,964	690	2,049	64	293	10	90	-8
1914	18,414	18		15,759	-205	2,366	317	222	-71	67	-23
1915	19,166	782		16,434	675	2,471	105	229	7	62	-5
1916	20,203	1,007		17,020	586	2,873	402	250	21	60	-2
1917	20,659	456		17,403	383	2,947	74	250	-	59	-1
1918	21,510	851		17,934	531	3,115	168	297	47	164	105
1919	21,578	68		17,919	-15	3,219	104	281	-16	159	-5
1920	21,716	138		18,123	204	3,163	-56	269	-12	161	-2
1921	22,556	840		18,738	615	3,375	212	306	37	137	-24
1922	23,199	643		19,467	729	3,315	-60	285	-21	132	-5
1923	23,964	765		19,774	307	3,762	447	282	23	146	14
1924	24,897	933		20,043	269	4,075	313	269	347	150	4
1925	25,565	668		20,526	483	4,125	50	765	136	149	-1
1926	25,646	81		20,607	81	4,145	20	737	-28	157	8
1927	25,911	265		20,843	236	4,162	17	747	10	165	5
1928	26,802	891		21,218	375	4,304	142	1,120 ²	373	170	57
1929	27,289	477		21,575	357	4,363	59	1,124	4	227	25
1930	28,461	1,172		22,313	738	4,557	194	1,389	265	202	-17
1931	29,206	745		22,672	359	4,815	258	1,534	145	185	6
1932	29,918	712		23,234	562	4,957	142	1,536	138	191	-16
1933	30,872	954		23,821	587	5,202	245	1,674	138	175	(2)
Average — 30 years		(672)		(476)	(146)	(45)					

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane Patients in Family Care under the Department.²Increase largely due to U. S. Veterans' Administration Facility No. 107 becoming a licensed institution August 11, 1928.³Minus sign indicates decrease.

There has been an average annual increase of 672 patients on the books of all institutions over the past 30 years. This increase was greatest for the State hospitals, the average increase of patients being 476 per year. The State schools as a group showed an average increase of 146 patients per year. The private institutions for insane, inebriates, etc., and the private institutions for the mentally defective, showed average annual increases of 45 and 2 respectively.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1933

Table 3 shows the number of patients actually within public institutions and McLean Hospital on September 30 of each year from 1904 to 1933, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 15,464 patients actually occupying hospital beds, representing a percentage increase of 144.5. The average annual increase over the 30-year period is 541.

TABLE 3. — *Total Patients Within Institutions September 30, 1904-1933, and Annual Increase*

YEAR	TOTAL		STATE HOSPITALS ¹		STATE SCHOOLS	
	Number	Annual Increase	Number	Annual Increase	Number	Annual Increase
1904	10,702	766	9,855	719	847	47
1905	11,279	577	10,251	396	1,028	181
1906	11,541	262	10,421	170	1,120	92
1907	12,035	494	10,807	386	1,228	108
1908	13,010	975	11,678	871	1,332	104
1909	13,656	646	12,213	535	1,443	111
1910	14,346	690	12,779	566	1,567	124
1911	14,831	485	13,189	410	1,642	75
1912	15,547	716	13,702	513	1,845	203
1913	16,002	455	14,080	378	1,922	77
1914	16,603	601	14,409	329	2,194	272
1915	17,177	574	14,868	459	2,309	115
1916	17,848	671	15,266	398	2,582	273
1917	18,317	469	15,644	378	2,673	91
1918	18,448	131	15,685	41	2,763	90
1919	18,360	-88 ²	15,621	-64	2,739	-24
1920	18,712	352	15,892	271	2,820	81
1921	19,586	874	16,645	753	2,941	121
1922	19,865	279	17,016	371	2,849	-92
1923	20,504	639	17,265	249	3,239	390
1924	21,179	675	17,719	454	3,460	221
1925	21,804	625	18,211	492	3,593	133
1926	22,033	229	18,373	162	3,660	67
1927	22,607	574	18,820	447	3,787	127
1928	23,128	521	19,216	396	3,912	125
1929	23,539	411	19,598	382	3,941	29
1930	24,213	674	20,054	456	4,159	218
1931	25,070	857	20,658	604	4,412	253
1932	25,618	548	21,052	394	4,566	154
1933	26,166	548	21,395	343	4,771	205
Average 30 years		(541)		(408)		(132)

¹Includes McLean Hospital, Bridgewater and Tewksbury.

²Minus sign indicates decrease.

The number of patients within the State hospitals has shown a total increase of 11,540 since 1904, and a percentage increase of 117.1. The average annual increase was 408. The patients within State schools showed an increase of 3,924 over the 30-year period, a percentage increase of 463.3. The average annual increase was 132.

PATIENTS "ON VISIT" FROM STATE HOSPITALS, 1927-1933

Table 4 shows the percentage of cases on the books of each State hospital who were out on visit on September 30th of each year 1927-1933, inclusive. The percentage of cases on visit for 1933 (8.3) shows an increase of .5 over 1932 (7.8). The years 1931 and 1932 were low average years, however, and 1933 shows a return to the general average observed during the previous years. The Boston State, Danvers, Gardner and Taunton State Hospitals show a definite increase in

the number of cases placed on visit over this period of years. The Boston Psychopathic, Foxborough, Northampton, Westborough, Grafton, Medfield and Worcester State Hospitals show downward trends. During recent years the latter institutions have had fewer patients on visit at the end of the year. Grafton, Medfield and Worcester show a practically flat curve with only minor variations for the different years, although the trend is slightly downward.

TABLE 4. — *Percentage of Patients on the Books at each State Hospital, Who were on Visit on September 30, 1927-1933, Inclusive*

HOSPITALS	PERCENTAGE ON VISIT EACH YEAR						
	1927 ¹	1928 ¹	1929 ¹	1930	1931	1932	1933
Boston State	7.5	7.6	7.2	8.0	7.1	8.9	9.6
Boston Psychopathic	41.9	36.2	33.0	46.8	46.2	37.8	34.9
Danvers	10.8	10.4	11.3	12.0	10.5	10.7	14.1
Foxborough	12.4	10.9	6.4	8.2	6.2	7.1	7.6
Gardner	2.8	4.4	3.9	3.2	4.2	3.4	3.9
Grafton	1.9	1.2	.8	1.9	1.0	1.4	.7
Medfield	3.6	2.9	2.4	4.7	4.0	4.9	3.4
Metropolitan	—	—	—	—	1.3	2.9	2.3
Northampton	18.0	15.9	14.3	10.2	9.0	10.7	10.7
Taunton	9.9	11.8	10.1	11.5	11.3	8.9	11.0
Westborough	14.4	12.7	10.8	14.0	12.8	12.1	11.3
Worcester	12.8	13.9	9.5	11.6	9.6	13.1	12.2
Monson	8.6	7.9	7.5	8.0	7.9	7.9	8.6
Bridgewater . . . . .	.6	.8	.2	.2	.5	.3	.5
Tewksbury	1.1	1.5	1.2	.3	.4	.4	.9
Total	8.9	8.8	7.5	8.4	7.2	7.8	8.3

¹Includes escapes, 220 (1927), 250 (1928), 197 (1929)

TABLE 5. — *Number of Patients on Visit and on Escape from State Hospitals, and Total Patients on Books, 1904-1933, Inclusive¹*

YEAR	Total Patients on Books	Patients on Visit and Escape ²	Patients on Visit	Patients on Escape	Percentage on Visit and Escape	Percentage on Visit	Percentage on Escape
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0
1931	21,311	—	1,514	178	—	7.1	.8
1932	22,029	—	1,679	147	—	7.6	.6
1933	22,365	—	1,817	160	—	8.1	.7

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding sane epileptics at Monson.

²Includes escapes up to 1920.

The total number of patients out "on visit" and "on escape" for each year, 1904-1933, inclusive, is shown in Table 5. As will be observed, the percentage "on visit" showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these are given separately for the years 1920 through 1933.

The percentage of patients "on visit" has varied somewhat during the last fourteen years and shown a slight tendency to decrease. The percentage of patients "on escape" shows less variation, but, here, too, there is a tendency to decrease during the last three years. On the whole, however, there has been no significant variation in either of the groups.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT, 1933

During 1933, 223 new cases were admitted to family care under the authority of the trustees of the various State hospitals and under the Department, (Table 6). This is an increase of 79 over the previous year. At the beginning of the statistical year, (October 1, 1932), there were 207 patients in family care, while at the close of the year, (September 30, 1933), there were 265 patients remaining. Two new cases were admitted to family care under the Department of Mental Diseases during 1933. At the beginning of the year there were 13 cases, and at the end of the year there were 14 cases remaining in family care under the Department.

TABLE 6. — *Family Care Under Institution Trustees and Under the Department during 1933*

HOSPITALS	Patients in Family Care September 30, 1932			Number Admitted during Year			Patients remaining in Family Care September 30 1933		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston	—	10	10	—	9	9	—	11	11
Danvers	—	9	9	—	1	1	—	8	8
Gardner	6	72	78	—	44	44	4	79	83
Grafton	2	6	8	1	25	26	1	13	14
Medfield	—	10	10	3	10	13	—	11	11
Metropolitan	—	—	—	—	2	2	—	2	2
Northampton	—	3	3	—	2	2	—	4	4
Taunton	—	4	4	—	—	—	—	3	3
Westborough	10	17	27	6	6	12	12	16	28
Worcester	6	39	45	40	72	112	17	70	87
Total for Hospitals.	24	170	194	50	171	221	34	217	251
Under Department.	—	13	13	—	2	2	—	14	14
Grand Total	24	183	207	50	173	223	34	231	265

The annual cost for the care of patients in family care under the Department is shown in Table 7, together with similar costs for the preceding year. The cost for patients boarded out under the supervision of the various State hospitals is borne by the individual institution.

TABLE 7. — *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1932-1933*

	FISCAL YEAR ENDING	
	Nov. 30, 1932	Nov. 30, 1933
Payments for Board	\$2,900.07	\$2,930.43
Average number of patients exclusive of private patients	13.41	13.63
Weekly per capita cost of board	\$4.15	\$4.13
Payments for extra clothing, etc., not included in board rate	\$27.80	\$27.73
Payments for medical attendance, etc., not included in board rate	—	\$3.00
Weekly per capita cost of such expense outside of board rate	\$.04	\$.04
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.)	\$4.19	\$4.17
Payments for supervision (being transportation, salaries and expenses of visitors) by the Department of patients under the Department and the hospitals, totaling 281 on November 30, 1933	\$2,502.85	\$2,352.56

EX-SERVICE MEN IN STATE HOSPITALS, 1932 AND 1933

On September 30, 1932 there were 409 ex-service men in State hospitals, while on September 30, 1933 there were 391 (Table 8). The daily average number on the books during the last statistical year was 425.22, while the daily average number actually cared for during this year was 382.86.

TABLE 8. — *Number of Ex-Service Men on Books of State Hospitals, September 30, 1932-1933¹*

	1932			1933		
	M.	F.	T.	M.	F.	T.
Number on Books September 30 . . .	401	8	409	383	8	391
Daily average number on books during year . . .	415.39	9.00	424.39	417.22	8.00	425.22
Daily average number actually in during year . . .	380.34	8.62	388.96	374.86	8.00	382.86

¹All State Hospitals, Bridgewater and Tewksbury.

Section B. All Admissions to Mental Hospitals during 1933

The following section discusses data in reference to regular court, temporary care, observation, and voluntary admissions, and transfers to State hospitals during 1933. The discussion of all readmitted cases is likewise included in this section.

ALL FIRST AND READMISSIONS, 1928-1933, INCLUSIVE

Table 9 shows the total number of cases admitted under the various forms of admission for all first and readmissions, 1928-1933, inclusive. In the aggregate for both groups, it will be observed that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but showed an increase to 6,421 in 1930, 6,632 in 1931, 6,660 in 1932, and 6,790 in 1933. Practically the same fluctuation is observed in voluntary first admissions up to 1933. In the latter year there was a decrease, however. The first admissions on temporary care showed a decrease between 1928 and 1930, but increased during 1931, 1932, and 1933. First admissions for observation showed a steady increase in numbers from 1928 to 1931, inclusive. There was a slight drop during 1932 and a still further drop in 1933, however. First admissions by court commitment show more fluctuation than any of the other groups, the number admitted on this form reaching its highest level of 3,164 cases admitted during the last year.

TABLE 9. — *First and Readmissions to State Hospitals, 1928-1933, inclusive, by Form of Admission and Sex¹*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	34
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33
1932	T.	6,660	5,301	3,057	1,497	535	212	1,359	714	374	199	72
	M.	3,641	2,941	1,594	824	398	125	700	337	210	116	37
	F.	3,019	2,360	1,463	673	137	87	659	377	164	83	35
1933	T.	6,790	5,381	3,164	1,555	494	168	1,409	703	403	232	71
	M.	3,686	2,983	1,653	867	359	104	703	325	205	141	32
	F.	3,104	2,398	1,511	688	135	64	706	378	198	91	39

¹Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

Readmissions under the various forms show a continued increase during the first four years, being 1,158 in 1928, 1,180 in 1929, 1,292 in 1930, and 1,361 in 1931. There was a slight decrease to 1,359 in 1932 and a decided increase to a new high level of 1,409 in 1933. The increase is especially noted in readmissions under the temporary care, observation, and voluntary forms. During 1933 each of the re-admission groups showed a decrease in numbers, with the exception of the readmissions on observation and temporary care status.

It would seem from Table 9 that there is a general tendency to use the observation, voluntary and temporary forms of admission more frequently. In spite of the decrease in voluntary admissions during the last year, there has been a gradual increase in the use of this form over the last six years. This is interesting as it measures the willingness of individual to come to the mental hospital of their own free will.

COURT FIRST ADMISSIONS AND READMISSIONS, 1932 AND 1933

During 1933, a total of 3,883 patients were admitted under regular court commitment as insane (Table 10). Of these, 31,179 or 82 percent were first admissions, and 704 or 18 per cent were readmissions. There was an increase of 83 in the total admissions during 1933. First admissions showed an increase of 94 cases. The readmissions, however, showed a decrease of 11 cases. The total admission rate for 1933 was 89 per 100,000 of the estimated population of the State for 1933. The first admission rate was 73 and the readmission rate was 16.

TABLE 10. — *First Admissions and Readmissions by Court Commitment to State Hospitals, 1932 and 1933, by Hospital*

HOSPITALS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	1932	1933	1932	1933	1932	1933
Boston State	517	548	433	470	84	78
Boston Psychopathic	137	115	116	106	21	9
Danvers	586	624	487	501	99	123
Foxborough	236	247	200	215	36	32
Gardner	89	92	70	75	19	17
Grafton	51	58	32	49	19	9
Medfield	181	144	142	113	39	31
Northampton	414	474	337	378	77	96
Taunton	394	394	300	317	94	77
Westborough	452	433	345	353	107	80
Worcester	599	603	503	484	96	119
Monson (epileptic)	12	12	11	12	1	—
Bridgewater	51	62	46	50	5	12
Tewksbury	3	—	2	—	1	—
McLean	78	77	61	56	17	21
Total	3,800	3,883	3,085	3,179	715	704

FIRST COURT ADMISSIONS AND READMISSIONS, 1904-1933, INCLUSIVE

Table 11 presents the numbers and rates per 100,000 for first court admissions and readmissions to all public and private hospitals for mental diseases within the State. Insofar as this table checks the number of patients admitted to every mental hospital of any type whatsoever, it gives a rather accurate index of the magnitude of mental diseases throughout the State for the period of years under discussion. The lowest rate of 67 admissions per 100,000 is observed in 1906, while the highest rate of 92.6 occurred in 1913. Over the past ten years the rates have varied between 71 and 82, the figure of 82 for 1928 being the only rate over 80 for the last ten-year period. The rates for first admissions have shown considerable fluctuation over the 29 year period but show no definite trend. This absence of any trend in first admissions rather suggests that there has been no increase in new cases coming to the mental hospitals in Massachusetts.

The number of readmissions admitted to all institutions and the rates of admission are also recorded in Table 11 from the year 1920 on. For this group, the highest rate of 25 occurred in 1921, and the lowest rate of 16.3 in 1933. The readmissions present a rather definite trend in a downward direction. In other words, we are having relatively fewer readmissions coming to our mental hospitals

over recent years. Although the first admissions showed no perceptible trend, the readmissions show a definite relative decrease in their admission rates.

TABLE 11. — *First Admissions and Readmissions by Court Commitment to Public and Private Hospitals for Mental Diseases, 1904-1933 Inclusive*

YEAR	TOTAL — ALL HOSPITALS				State Hospitals ²		McLean and other Private Hospitals	
	Number		Rate per 100,000 General Population ¹					
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
1904	2,454	—	80.9	—	2,337	—	117	—
1905	2,237	—	72.4	—	2,136	—	101	—
1906	2,120	—	67.3	—	1,990	—	130	—
1907	2,463	—	76.8	—	2,286	—	177	—
1908	2,555	—	78.3	—	2,383	—	172	—
1909	2,536	—	76.5	—	2,340	—	196	—
1910	2,677	—	79.4	—	2,470	—	207	—
1911	2,680	—	78.4	—	2,459	—	221	—
1912	2,772	—	79.9	—	2,562	—	210	—
1913	3,247	—	92.6	—	3,024	—	223	—
1914	3,112	—	87.1	—	2,925	—	187	—
1915	3,264	—	90.6	—	3,087	—	177	—
1916	3,323	—	90.8	—	3,109	—	214	—
1917 ³	4,315	—	82.6 ⁴	—	4,097	—	218	—
1918 ³	3,894	—	72.5 ⁴	—	3,702	—	192	—
1919 ³	4,011	—	78.8 ⁴	—	3,752	—	259	—
1920	3,009	927	78.1	24.0	2,768	836	241	91
1921	3,310	1,002	85.0	25.7	3,054	943	256	59
1922	3,508	963	89.2	24.4	3,225	858	183	105
1923	3,006	838	75.6	21.1	2,786	756	220	82
1924	3,208	790	79.9	19.6	2,881	735	327	55
1925	3,134	770	77.4	19.0	2,902	656	232	114
1926	3,071	741	75.0	18.1	2,821	660	245	81
1927	2,953	729	71.4	17.6	2,755	637	198	92
1928	3,423	697	82.0	16.7	3,075	668	348	29
1929	3,218	671	76.4	15.9	2,949	636	269	35
1930	3,250	710	76.4	16.7	3,077	689	173	21
1931	3,145	753	73.3	17.6	3,009	725	136	25
1932	3,139	721	72.5	16.7	3,024	698	115	23
1933	3,285	714	75.2	16.3	3,123	683	162	31

¹Population estimated for intercensal years.

²Includes Bridgewater and Tewksbury.

³Includes Temporary Care Admissions.

⁴Estimated, less Temporary Care Admissions.

TABLE 12. — *First Admissions and Readmissions of Temporary Care Cases to State Hospitals, 1933, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	118	90	28
Boston Psychopathic	1,620	1,294	326
Danvers	118	93	25
Foxborough	10	7	3
Gardner	17	15	2
Grafton	1	1	—
Medfield	8	6	2
Metropolitan	—	—	—
Northampton	15	13	2
Taunton	24	20	4
Westborough	6	6	—
Worcester	21	10	11
Monson (epileptic)	—	—	—
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	14	13	1
Total	1,972	1,568	404

TEMPORARY CARE ADMISSIONS, 1933

Table 12 shows the total first admissions and readmissions under temporary care forms during 1933. There was an increase of 85 in the numbers admitted between 1932 and 1933. The total for the former year was 1,887, and for the latter year 1,972. One thousand five hundred and sixty-eight cases or 80.0 per cent were first admissions and 404 or 20.0 per cent were readmissions. The rate per 100,000 of the estimated population of the State for 1933 for all admissions under temporary care was 45; for first admissions 36; and for readmissions 9.

OBSERVATION ADMISSIONS, 1933

The total number of cases admitted during 1933 under observation status was 726, Table 13. This is a decrease of 17 over the previous year. Four hundred and ninety-four cases, or 68 per cent of the total, were admitted under observation for the first time, while 232, or 32 per cent, were readmitted. The rate per 100,000 of the estimated population of the State for 1933 is 17 for total admissions: 11 for first admissions and 5 for readmissions on this status.

TABLE 13. — *First Admissions and Readmissions of Observation Cases to State Hospitals, 1933 by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	67	14	53
Boston Psychopathic	241	180	61
Danvers	108	80	28
Foxborough	20	16	4
Gardner	6	5	1
Grafton	5	—	5
Medfield	7	3	4
Metropolitan	—	—	—
Northampton	30	29	1
Taunton	49	41	8
Westborough	57	27	30
Worcester	123	91	32
Monson (epileptic)	—	—	—
Bridgewater	13	8	5
Tewksbury	—	—	—
McLean	—	—	—
Total	726	494	232

VOLUNTARY ADMISSIONS, 1933

Table 14 shows the first admissions and readmissions of voluntary care cases during the year 1933. The total patients admitted under this status was 274, a decrease of 65 over the preceding year. One hundred eighty-eight cases, or 69 per cent, were first admissions, and 86 cases, or 31 per cent, were readmissions.

TABLE 14. — *First Admissions and Readmissions of Voluntary Care Cases to State Hospitals, 1933, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	—	—	—
Boston Psychopathic	41	24	17
Danvers	4	2	2
Foxborough	1	—	1
Gardner	11	5	6
Grafton	—	—	—
Medfield	—	—	—
Metropolitan	—	—	—
Northampton	2	1	1
Taunton	11	7	4
Westborough	4	3	1
Worcester	17	2	15
Monson (epileptic)	148	124	24
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	35	20	15
Total	274	188	86

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1933

The voluntary care admissions and the rate per 100,000 of the estimated population of the State for each year 1911 to 1933, inclusive, is shown in Table 15. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1933, there were 432 voluntary admissions to public and private institutions.

LEGAL STATUS OF ALL CASES ADMITTED FOR FIRST TIME DURING 1933

Table 16 gives the percentage distribution of the various forms of legal status for the total 5,548 cases admitted for the first time to all hospitals under the supervision of the Department during 1933. In considering the total for all institutions, we see that the regular court commitment was used more than any other form, as 29.2 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 27.0 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 18.4 per cent of cases; observation and court commitment, 7.9 per cent; and observation commitment alone in 6.1 per cent of cases.

TABLE 15. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1933*¹

YEAR	Number	Rate per 100,000 estimated population of State
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96
1932	433	10.18
1933	432	9.88

¹All public and private institutions for the insane and epileptic.

Considering the State hospitals only, the following institutions had the largest proportion of patients sent to them through regular court commitment: Grafton State Hospital, 78.0 per cent; Westborough State Hospital, 65.0 per cent; and Medfield State Hospital, 55.7 per cent. This commitment form was used in the smallest proportion of admissions at Danvers State Hospital, 28.8 per cent, Monson State Hospital, 28.8 per cent, and Gardner State Colony, 22.0 per cent.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 76.9 per cent of cases admitted on this form, Gardner State Colony, with 15.0 per cent and Boston State Hospital with 14.6 per cent followed in order. The McLean Hospital, although not a state institution, also had 14.6 per cent of cases admitted on a temporary form. The Foxborough State Hospital with 2.5 per cent, Worcester State Hospital with 1.7 per cent, and Westborough State Hospital with 1.5 per cent, used the temporary care form the least of any of the institutions. It will be noted that this form of admission was not used at all during the year at the Grafton State Hospital and at Monson State Hospital.

In the use of the combination of temporary care and court commitment, Gardner State Colony stood first with 42.0 per cent. There followed in order, the Danvers

TABLE 16. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1933, by Hospital — Number and Percentage Distribution*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOXBOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court ¹	1,619	29.2	261	45.5	—	—	195	28.8	130	54.6	22	22.0	39	78.0	68	55.7	166	39.4
Temporary Care	1,500	27.0	84	14.6	1,233	76.9	93	13.8	6	2.5	15	15.0	—	—	6	4.9	13	3.1
Observation	338	6.1	5	.9	142	8.9	50	7.4	11	4.6	2	2.0	—	—	—	—	12	2.9
Voluntary	171	3.1	—	—	3	.2	—	—	—	—	3	3.0	—	—	—	—	1	.2
Temporary Care and Court	1,021	18.4	173	30.1	89	5.5	223	33.0	43	18.1	42	42.0	1	2.0	26	21.3	132	31.4
Temporary Care, Observation and Court	167	3.0	15	2.6	10	.6	37	5.5	5	2.1	7	7.0	—	—	1	.8	42	10.0
Observation and Court	437	7.9	19	3.4	1	.1	46	6.8	37	15.5	3	3.0	9	18.0	18	14.8	34	8.1
Others and Court	24	.4	2	.3	6	.4	—	—	—	—	1	1.0	—	—	—	—	4	1.0
Other Combinations	271	4.9	15	2.6	120	7.5	32	4.7	6	2.5	5	5.0	1	2.0	3	2.5	17	4.0
Total	5,548	100.0	574	100.0	1,604	100.0	676	100.0	238	100.0	100	100.0	50	100.0	122	100.0	421	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		TEWKSBURY		U. S. VETERANS' No. 107		U. S. VETERANS' No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	142	36.9	253	65.0	247	42.1	51	28.8	1	1.1	32	55.2	—	—	10	17.5	2	9.5
Temporary Care	20	5.2	6	1.5	10	1.7	—	—	13	14.6	—	—	—	—	1	1.8	—	—
Observation	27	7.5	21	5.4	60	10.2	—	—	—	—	8	13.8	—	—	—	—	—	—
Voluntary	2	.5	1	.3	2	.3	124	70.1	14	15.7	—	—	—	—	—	—	—	—
Temporary Care and Court	90	23.4	13	3.3	109	18.6	—	—	45	50.6	—	—	—	—	15	26.3	6	28.6
Temporary Care, Observation and Court	9	2.3	7	1.8	31	5.3	—	—	3	3.4	—	—	—	—	23	40.4	12	57.1
Observation and Court	75	19.5	80	20.6	97	16.5	—	—	—	—	18	31.0	—	—	—	—	—	—
Others and Court	1	.3	—	—	—	—	2	1.1	7	7.9	—	—	—	—	—	—	—	—
Other Combinations	19	4.9	8	2.1	31	5.3	—	—	6	6.7	—	—	—	—	7	12.3	1	4.8
Total	385	100.0	389	100.0	587	100.0	177	100.0	89	100.0	58	100.0	—	—	57	100.0	21	100.0

¹Includes 41 sane dangerous cases at Monson.

TABLE 17. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1933, by Hospital — Number and Percentage Distribution*

LEGAL STATUS																		
TOTAL		BOSTON STATE		BOSTON PSY-PATHIC		DANVERS		FOXBOROUGH ¹		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON		
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Court ¹	328	21.3	39	24.5	—	—	36	20.2	17	42.5	4	15.4	6	42.9	12	32.4	41	41.0
Temporary Care	383	24.9	24	15.1	311	75.3	24	13.5	2	5.0	2	7.7	—	—	2	5.4	2	2.0
Observation	193	12.5	45	28.3	54	13.1	17	9.6	3	7.5	1	3.9	5	35.7	4	10.8	—	—
Voluntary	76	4.9	—	—	6	1.5	—	—	1	2.5	3	11.5	—	—	—	—	1	1.0
Temporary Care and Court	358	23.2	34	21.4	8	1.9	67	37.6	10	25.0	12	46.1	2	14.3	15	40.6	42	42.0
Temporary Care, Observation and Court	38	2.5	4	2.5	1	.2	10	5.6	4	10.0	—	—	—	—	—	—	6	6.0
Observation and Court	67	4.3	1	.6	—	—	10	5.6	1	2.5	—	—	1	7.1	3	8.1	7	7.0
Others and Court	7	.4	—	—	—	—	—	—	—	—	1	3.9	—	—	1	2.7	—	—
Other Combinations	92	6.0	12	7.5	33	8.0	14	7.9	2	5.0	3	11.5	—	—	—	—	1	1.0
Total	1,542	100.0	159	100.0	413	100.0	178	100.0	40	100.0	26	100.0	14	100.0	37	100.0	100	100.0
LEGAL STATUS																		
TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		U. S. VETERANS' No. 107		U. S. VETERANS' No. 95				
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Court	24	25.8	64	57.7	52	29.4	20	45.5	1	2.7	7	41.2	4	5.7	1	3.9		
Temporary Care	4	4.3	—	—	11	6.2	—	—	—	—	—	—	1	1.4	—	—		
Observation	5	5.4	28	25.2	26	14.7	—	—	—	—	5	29.4	—	—	—	—		
Voluntary	3	3.2	—	—	15	8.5	24	54.5	8	21.6	—	—	13	18.6	2	7.7		
Temporary Care and Court	36	38.7	8	7.2	42	23.7	—	—	15	40.6	—	—	45	64.3	22	84.5		
Temporary Care, Observation and Court	2	2.1	—	—	10	5.6	—	—	1	2.7	—	—	—	—	—	—		
Observation and Court	14	15.1	8	7.2	15	8.5	—	—	2	5.4	5	29.4	—	—	—	—		
Others and Court	1	1.1	—	—	—	—	—	—	2	5.4	—	—	2	2.9	—	—		
Other Combinations	4	4.3	3	2.7	6	3.4	—	—	8	21.6	—	—	5	7.1	1	3.9		
Total	93	100.0	111	100.0	177	100.0	44	100.0	37	100.0	17	100.0	70	100.0	26	100.0		

¹Includes 20 sane dangerous cases at Monson.

State Hospital with 33.0 per cent, Northampton State Hospital with 31.4 per cent, and Boston State Hospital with 30.1 per cent. This combination was used the least at the Grafton State Hospital with 2.0 per cent, Westborough State Hospital with 3.3 per cent, and Boston Psychopathic Hospital with 5.5 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1933

Table 17 shows the percentage distribution in legal status of all cases readmitted to State hospitals for mental diseases during 1933. In considering the total for all institutions, we observe that the temporary care form was used more than any other form, 24.9 per cent of all readmissions entering the hospitals by this means. The regular court commitment when used in combination with the temporary care form came second in importance with 23.2 per cent and when used alone came third with 21.3 per cent. The observation form alone was used in 12.5 per cent of cases; voluntary form alone in 4.9 per cent; while observation, followed by court commitment, was used in 4.3 per cent of cases. It will be noted that other combinations were used in 6.0 per cent of the cases admitted during the last statistical year.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State hospitals for mental diseases during 1933.

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1933

	<i>All Cases Admitted for First Time</i>	<i>All Re- admitted Cases</i>
Court Commitment	29.2	21.3
Temporary Care	27.0	24.9
Observation	6.1	12.5
Voluntary	3.1	4.9
Temporary Care and Court Commitment	18.4	23.2
Temporary Care, Observation, and Court Commitment	3.0	2.5
Observation and Court Commitment	7.9	4.3
Others and Court Commitment . . . . .	.4	.4
Other Combinations	4.9	6.0
	100.0	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used less in committing readmissions than in committing first admissions, 21.3 per cent of readmissions, as compared with 29.2 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 23.2 per cent of readmissions, and in a smaller proportion of first admissions, 18.4 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions; yet we observe that the observation form was used in 12.5 per cent of readmissions and in but 6.1 per cent of first admissions. Again, in considering the voluntary form of admission, we see that readmissions used this form in 4.9 per cent of cases, while first admissions used it in the proportion of 3.1 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 27.0 per cent of first admissions and 24.9 per cent of readmissions. The combination of observation admission and court commitment was used in 7.9 per cent of first admissions and 4.3 per cent of readmissions. Turning back to Table 16, if we consider the various forms of court commitment, we find

that of the total first court admissions, 1,578 (excluding 41 sane dangerous cases at Monson), or 48.9 per cent were admitted outright under regular court commitment; 1,021 or 31.6 per cent had been held under a temporary care status immediately preceding the court commitment; 167 or 5.1 per cent had been held under a temporary care and observation form of admissions preceding the regular court commitment; 437 or 13.5 per cent had been admitted for observation immediately preceding the regular commitment; and 24 or .7 per cent had had one or more short term forms of other types preceding the regular court commitment.

Of the total readmission, (Table 17), 308 (excluding 20 sane dangerous cases at Monson) or 39.6 per cent were admitted outright on regular court commitment. Three hundred fifty-eight or 46.0 per cent were preceded by a temporary care admission; 38 or 4.9 per cent were preceded by a temporary care and observation admission; 67 or 8.6 per cent had an observation admission only preceding the court commitment; and 7 or .9 per cent had some other short term form of admission preceding the regular court commitment.

In both the first and readmissions cases, the various forms noted previous to the regular court commitment immediately preceded the latter status without the patient having left the hospital. These forms of admission indicate the general procedure which is typical to all institutions in admitting patients on regular court commitment.

It is interesting to know that of the 1,886 court admissions not preceded by temporary forms, 928 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

FORMS OF ADMISSION OF ALL FIRST AND READMISSIONS

Table 18 shows that of the 5,548 first admissions during 1933, the final commitment form of 3,268 cases was that of a court admission, 1,569 were temporary care admissions, 494 were observation admissions, and 217 were voluntary cases. Dementia praecox cases made up 18.1 per cent of all admissions; 22.9 per cent of court admissions; 14.2 per cent of temporary care admissions; and 5.9 per cent of observation commitments. The manic-depressive group made up 11.3 per cent of all admission; 12.0 per cent of court admissions; 13.3 per cent of temporary care admissions; 3.3 per cent of observation admissions, and 4.2 per cent of voluntary admissions. Psychoses with cerebral arteriosclerosis made up 13.9 per cent of the total admissions; 20.2 per cent of court admissions; 5.3 per cent of temporary care admissions; 5.3 per cent of observation admissions; and 1.9 per cent of voluntary admissions. The alcoholic group made up 7.0 per cent of the total admissions; 6.3 per cent of court admissions; 8.3 per cent of temporary care admissions; 10.7 per cent of observation admissions and .4 per cent of voluntary admissions.

High percentages in the voluntary admissions are observed in the epileptic psychoses and in the psychoneuroses. The epileptic psychoses made up but 1.6 per cent of court admissions; 1.3 per cent of temporary care admissions; .8 per cent of observation admissions; and 15.3 per cent of voluntary admissions. The psychoneuroses constitute 2.1 per cent of court admissions; 4.3 per cent of the temporary care admissions; 5.7 per cent of observation admissions; and 10.6 per cent of voluntary admissions. The group without psychosis is quite interesting in the contrast presented. This group constitutes 14.6 per cent of all first admissions. It occurred to the extent of 1.9 per cent in court admissions; 22.5 per cent in temporary care admissions; 54.3 per cent in observation admissions; and 59.9 per cent in voluntary admissions.

Among the readmissions we note a total of 1,542 cases for the year. Seven hundred and ninety-eight of these were court admissions; 405 were temporary care admissions; 232, observation admissions; and 107 voluntary admissions. The same general trends are observed among the readmissions in reference to the selection of the type of admission used. It might be expected that first admissions would show lower percentages of the court procedure and higher relative proportions of those admitted under temporary care, observation or voluntary status. We note, however, that these temporary forms maintain their standing among the readmissions, and the fact that a case has been admitted once previously does not seem to operate against the use of these temporary forms in subsequent admissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 19 shows that the number of cases admitted for the first time comprise 3,227 or 80.6 per cent of the total admitted under court commitment during 1933. Seven and eight-tenths per cent were admitted for the second time; 5.2 per cent for the third time; 2.8 per cent for the fourth time; and 1.3 per cent for the fifth time. It is observed that .4 per cent had their tenth or higher admission during the year. It is evident that approximately 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for this one year. The average number of times admitted was 1.47 for both sexes.

TABLE 19. — *Number of Times Admitted, All Court Commitments,¹ 1933; Percentage Distribution*

NUMBER OF TIMES ADMITTED	NUMBER			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
One	1,694	1,533	3,227	81.3	79.8	80.6
Two	162	149	311	7.8	7.8	7.8
Three	102	107	209	4.9	5.6	5.2
Four	55	56	111	2.6	2.9	2.8
Five	24	28	52	1.1	1.4	1.3
Six	18	17	35	.9	.9	.9
Seven	14	12	26	.7	.6	.6
Eight	6	7	13	.3	.4	.3
Nine	2	4	6	.1	.2	.1
Ten or more	7	8	15	.3	.4	.4
Total	2,084	1,921	4,005	100.0	100.0	100.0
Average Number of Times Admitted	1.44	1.50	1.47			

¹All first admissions and readmissions by court commitment.

TABLE 20. — *Average Number of Times Admitted, All Court Commitments,¹ 1933, by Psychoses*

PSYCHOSES	Number	Average Number of Times Admitted
Manic-depressive	620	2.19
With psychopathic personality	40	1.72
Dementia praecox	1,044	1.61
Due to drugs and other exogenous toxins	19	1.52
Alcoholic	246	1.41
With Huntington's chorea	5	1.40
With mental deficiency	159	1.39
Psychoneuroses and neuroses	82	1.37
Epileptic psychoses	41	1.34
Paranoia or paranoid conditions	113	1.31
Involutional melancholia	96	1.26
With cerebral syphilis	37	1.24
With other somatic diseases	120	1.21
Without psychoses	42	1.21
With other brain or nervous diseases	102	1.20
General paralysis	228	1.13
Undiagnosed psychoses	23	1.13
With cerebral arteriosclerosis	706	1.10
Senile	258	1.09
Traumatic	16	1.06
With brain tumor	6	1.00
With pellagra	2	1.00
Total	4,005	1.47

¹All first admissions and readmissions by court commitment.

Table 20 gives the average number of times admitted for all court admissions during the year, by psychoses. This table reveals the tendency for readmissions, which is exhibited in certain of the psychoses. The highest averages for number of times admitted are as follows: manic-depressive, 2.19; psychoses with psycho-

pathic personality, 1.72; dementia praecox, 1.61; and psychoses due to drugs, 1.52. The lowest averages are observed in psychoses with cerebral arteriosclerosis, 1.10; senile psychoses, 1.09; traumatic psychoses, 1.06; and psychoses with brain tumor and with pellagra, 1.00 time each.

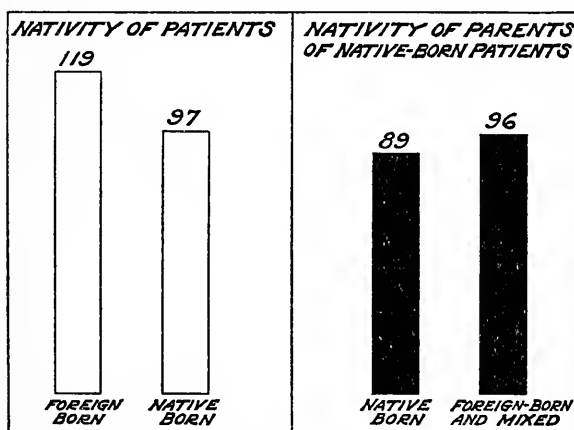
NATIVITY AND PARENTAGE, COURT FIRST AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 21 shows the form under which the majority of our cases were admitted during 1933, by nativity and parentage. The numbers in each nativity group are compared with the same nativity groups, fifteen years of age and over in the Massachusetts population in accordance with 1930 census. The total line for all types of admission shows that the foreign born sent 227.4 patients to our mental hospitals per 100,000 of the foreign born population of the State, while the native-born sent 212.7 persons per each 100,000 of the native-born in the State. This admission rate for the foreign born is slightly higher than that of the native-born.

TABLE 21. — *Nativity and Parentage of Court First and Readmissions and All Temporary Admissions, 1933: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census*

	Aggregate	Foreign Born	Native Born	PARENTAGE OF NATIVE BORN		
				Native	Foreign and Mixed	Unknown
First Court Admissions	3,227	1,231	1,996	838	1,071	87
Court Readmissions	778	249	529	219	306	4
Temporary Admissions ¹	2,700	862	1,838	700	1,091	47
All Types	6,705	2,342	4,363	1,757	2,468	138
Rate per 100,000 Population of Same Nativity Groups 15 Years of Age and Over:						
First Court Admissions	104.7	119.5	97.3	89.2	96.3	—
Court Readmissions	25.2	24.2	25.8	23.3	27.5	—
Temporary Admissions	87.6	83.7	89.6	74.5	98.1	—
All types	217.5	227.4	212.7	187.0	221.9	—

¹Includes admissions for temporary care and observation.



GRAPH 1. — NATIVITY OF COURT FIRST ADMISSIONS, 1933. RATES OF ADMISSION PER 100,000 POPULATION OF SAME NATIVITY GROUPS 15 YEARS OF AGE AND OVER, 1930 CENSUS

We now turn to a discussion of the parentage of the native-born in Massachusetts and the respective rates of admissions for these groups. As stated before, the native-born as a group sent 212.7 persons to our State hospitals in 1933 per 100,000

of the native-born population of Massachusetts. Dividing these into groups in accordance with the nativity of the parents, we find that the lowest admission rate occurs in the native-born of native parents, 187.0. The native-born of foreign or mixed parentage have a higher rate of 221.9.

It will be noted that in general, the relationships noted in the totals hold true in each of the groups of first court admissions, court readmissions and temporary admissions. Interesting differences in degree are observed. The rate for the foreign born first court admissions is 22 per cent higher than that of the native-born. The predominance of foreign born is evidently confined to the first admissions rather than to the readmissions or the temporary admissions. Graph 1 gives an interesting presentation of the relative rates of admissions from the different nativity groups.

AVERAGE ADMISSION AGES OF NATIVE AND FOREIGN-BORN, 1933, BY FORM OF COMMITMENT

Table 22 reveals that the average admission age of native-born first admissions was 45.8 years, while the foreign born in this group were admitted at an average age of 54.0 years, a difference of 8.2 years. Among the readmissions the native-born came into the hospitals at an average admission of 43.2 years, and the foreign born at 50.5 years, a difference of 7.3 years. In the temporary admissions the native-born came to the hospital at an average admission age of 36.2 years, and the foreign born at 45.8 years, a difference of 9.6 years.

TABLE 22. — *Average Admission Ages of Court First Admissions and Readmissions, and Temporary Admissions, 1933, by Nativity and Parentage*

NATIVITY	FIRST ADMISSIONS			READMISSIONS			TEMPORARY ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Native Born:	45.0	46.7	45.8	42.1	44.4	43.2	36.5	35.8	36.2
Native Parentage	47.5	49.7	48.5	44.2	45.1	44.7	36.5	38.0	37.1
Foreign Parentage	42.9	43.2	43.0	41.1	44.5	42.7	36.4	34.4	35.6
Mixed Parentage	41.8	43.2	42.5	41.2	42.6	41.9	36.1	33.9	35.2
Parentage Unknown	51.7	59.0	55.5	45.0	—	45.0	39.9	37.8	39.0
Foreign Born	53.9	54.1	54.0	51.1	50.0	50.5	46.8	44.5	45.8
Aggregate Average Age	48.3	49.7	49.0	45.0	47.0	46.0	39.7	38.6	39.3

In interpreting this table it must be remembered that there are fewer foreign born in the younger age groups. The restriction of immigration over the past few years has meant that the younger age groups have not been replaced. Those foreign born in the older age groups are steadily growing older. This is not so of the native-born who are having all ages replaced. Thus, it may be expected that the foreign born admissions will show higher average admission ages than the native-born insofar as they are drawn from older age groupings. In future years the foreign born admissions will grow steadily older in contrast with the native-born. This will occur in direct proportion as the foreign born in the general population grow older.

Within the native-born group we see a rather different situation. The native-born of native parentage are admitted at an average admission age of 48.5 years. The native-born of foreign parentage are admitted at an average admission age of 43.0 years, while the "mixed" group, one parent native-born and the other foreign-born, have the youngest admission age of 42.5 years. In this material we have an excellent opportunity to observe the real effects of place of birth. The native-born of foreign parentage are coming to the hospital 5.5 years earlier than the native-born of native parentage. If the parentage is "mixed", the patients are coming into the hospital at an average of 6 years earlier than the native-born of native parentage.

AVERAGE ADMISSION AGES OF COURT FIRST ADMISSIONS AND READMISSIONS

Table 23 reveals that the average admission age of all court first admissions for 1932 was 49.0 years, while the average admission age of readmissions was 3 years less, or 46.0 years. The highest admission ages, for the first admissions occur in

the senile psychoses, 75.0 years, and psychoses with cerebral arteriosclerosis, 69.8 years. The youngest admission ages are seen in the psychoses with mental deficiency, 33.2 years, and cases without psychoses, 30.1 years. Dementia praecox shows an average admission age of 34.4 years, and the manic-depressive psychoses of 40.8 years. The psychoses which occur in the older age groups tend to show readmission ages that are younger than the first admission ages. Among the psychoses developing in the earlier years, the readmissions tend to be older in average admission ages.

TABLE 23. — *Average Admission Ages of Court First Admissions and Readmissions, 1933, by Psychoses*

PSYCHOSES	AVERAGE ADMISSION AGE IN YEARS					
	FIRST COURT ADMISSIONS			COURT READMISSIONS		
	M.	F.	T.	M.	F.	T.
Senile	75.1	74.9	75.0	72.5	73.2	73.0
With cerebral arteriosclerosis.	70.0	69.6	69.8	70.2	66.7	68.3
With Huntington's chorea	60.0	75.0	65.0	65.0	55.0	60.0
With brain tumor	55.0	—	55.0	—	—	—
Involuntional melancholia	54.7	52.1	53.1	57.5	53.3	54.4
Paranoia or paranoid conditions	46.2	49.6	48.3	55.0	48.8	51.0
Alcoholic	47.9	48.8	48.0	51.9	49.0	51.6
With cerebral syphilis	48.8	43.0	46.9	45.0	—	45.0
With other somatic diseases	48.0	45.3	46.2	40.0	47.5	46.0
General paralysis	46.2	45.6	46.1	47.9	49.0	48.2
With other brain or nervous diseases	49.0	41.5	45.7	31.0	48.3	40.5
Due to drugs and other exogenous toxins	39.6	51.7	45.2	51.7	58.3	55.0
With pellagra	35.0	55.0	45.0	—	—	—
Traumatic	44.5	—	44.5	35.0	—	35.0
Manic-depressive	41.3	40.5	40.8	50.9	46.9	48.6
Undiagnosed psychoses	45.3	35.2	39.8	25.0	—	25.0
Psychoneuroses and neuroses.	36.8	36.9	36.9	45.0	43.1	43.8
Epileptic psychoses	34.9	36.6	35.7	42.1	—	42.1
Dementia praecox	31.5	37.1	34.4	36.4	41.3	38.8
With psychopathic personality	34.9	33.3	34.2	30.0	41.0	36.1
With mental deficiency	33.3	33.2	33.2	37.0	41.6	38.9
Without psychoses	31.9	26.9	30.1	38.3	50.0	40.3
All clinical groups	48.3	49.7	49.0	45.0	47.0	46.0

Considering the sex differences in the most important psychoses, it will be noted that the greatest variations between the sexes are observed in dementia praecox (males 31.5, females 37.1) and cases without psychosis (males 31.9 years, females 26.9 years). In the readmissions there are tendencies to still wider variations. Here we find four psychoses, dementia praecox, paranoia, psychopathic personality and without psychosis cases showing more than a five year gap between the admission ages of the males and the females. With the exception of paranoia, all of these groups show higher average admission ages among the females.

Table 24 shows the average ages at admission by institution. The highest average admission ages are found at the Boston State Hospital, 54.8 years; Taunton State Hospital, 52.0 years; and Gardner State Colony, 49.3 years. The lowest average admission ages are observed at the Psychopathic Hospital with 37.6 years, the Bridgewater State Hospital with 35.6 years, and the Monson State Hospital with 23.5 years. With the exception of the Grafton State Hospital, McLean Hospital and the Bridgewater State Hospital, all of these institutions show higher ages of first admission than at readmission. In these three institutions the readmission cases have slightly higher average admission ages than the first admissions. The differences are very slight, however. The wide variations in the average admission ages of the various institutions points out very clearly the varying medical and psychiatric problems confronting the different institutions. Those institutions which draw their admissions from the older age groups will have entirely different problems of medical and psychiatric care than those institutions drawing patients from the younger ages.

TABLE 24. — *Average Age at Admission of Court First Admissions and Readmissions, 1933, by Hospital*

HOSPITALS	AVERAGE AGE AT ADMISSION					
	FIRST COURT ADMISSIONS			COURT READMISSIONS		
	M.	F.	T.	M.	F.	T.
Boston State	53.6	55.8	54.8	47.0	48.1	47.8
Taunton	52.0	51.9	52.0	46.4	48.3	47.4
Gardner	48.5	50.1	49.3	42.5	44.0	43.4
Worcester	49.4	49.0	49.2	46.0	49.0	47.7
Danvers	48.5	49.6	49.1	45.0	46.7	45.9
Northampton	45.6	52.7	49.1	48.2	46.1	47.0
Westborough	49.4	48.3	48.8	46.5	48.6	47.5
Grafton	50.5	41.0	48.2	47.5	49.0	48.3
Medfield	51.2	43.2	47.4	48.1	44.4	46.0
Foxborough	45.9	44.8	45.4	42.6	47.7	45.0
McLean	40.0	45.7	43.3	52.5	38.1	43.6
U. S. Veterans' No. 107	42.9	—	42.9	40.3	—	40.3
U. S. Veterans' No. 95	42.1	—	42.1	41.1	—	41.1
Boston Psychopathic	39.6	34.2	37.6	38.3	36.7	37.2
Bridgewater	35.6	—	35.6	42.5	—	42.5
Monson	25.8	21.3	23.5	—	—	—
All Hospitals	48.3	49.7	49.0	45.0	47.0	46.0

COUNTRY OF BIRTH OF FOREIGN BORN COURT ADMISSIONS

Table 25 outlines the country of birth of the foreign born court first admissions and readmissions. Canada with 25.3 per cent and Ireland with 21.2 per cent contribute the largest percentages to the first admissions. Austria with 1.3 per cent and Greece with 1.4 per cent contribute the smallest proportion. Among the readmissions Canada with 22.2 per cent and Ireland with 16.5 per cent show the largest proportions. Austria with .8 per cent and Finland with .8 per cent show the smallest proportions. The percentages, however, do not take into account the number of persons from these countries residing in Massachusetts. Consequently admission rates have been calculated based upon the foreign born residents of Massachusetts in 1930. Austria shows the highest admission rate of 375 persons per 100,000 Austrians residing in this State. Finland is second with an admission rate of 176, and Ireland is third with 163. The lowest admission rates of 101, 98 and 55 are seen in admissions, from Greece, Russia and Scotland.

TABLE 25. — *Country of Birth of Foreign Born Court First Admissions and Readmissions, 1933: Rates per 100,000 State Population Same Country of Birth, 1930*

COUNTRY OF BIRTH	COURT FIRST ADMISSIONS			COURT READMISSIONS		
	Number	Percent	Rate	Number	Percent	Rate
Austria	16	1.3	375.	2	.8	47.
Finland	23	1.9	176.	2	.8	15.
Ireland	259	21.2	163.	41	16.5	26.
Germany	32	2.6	156.	5	2.0	24.
Portugal	38	3.1	153.	6	2.4	24.
Poland	82	6.7	115.	18	7.3	25.
Sweden	41	3.3	111.	10	4.0	27.
Canada	309	25.3	107.	55	22.2	19.
England	84	6.9	107.	18	7.3	23.
Italy	129	10.5	102.	28	11.3	22.
Greece	17	1.4	101.	3	1.2	18.
Russia	66	5.4	98.	33	13.3	49.
Scotland	18	1.5	55.	3	1.2	9.
Other Countries	109	8.9	95.	24	9.7	21.
Total	1,223	100.0	116.	248	100.0	24.

The readmission rates measure the tendencies for persons born in certain foreign countries to return to the hospital. Here the highest rate observed is in the individuals coming from Russia (49), Austria (47), and Sweden (27). The lowest rates are seen in persons born in Greece (18), Finland (15), and Scotland (9). If we

compare the percentages of first and readmissions we find that foreign born individuals from Russia, Poland, Sweden, England and Italy have relatively higher positions among the readmissions, while persons from Austria, Finland, Ireland, Germany, Portugal and Canada have higher positions among the first admissions. Greece and Scotland show no change in relative position.

CITIZENSHIP OF ALL ADMISSIONS

Table 26 gives the citizenship of all admissions for 1933 and shows that 66.4 of all admissions were citizens by birth. The 1930 census presents 74.8 per cent citizens by birth. This reveals that the native-born are under-represented in considering all admissions to mental hospitals for this particular year. The foreign born made up 28.9 per cent of all admissions for 1933. This is an excess over the proportion of foreign born in the population, which is recorded as 25.2 per cent. There are no great differences between the sexes, although there are slightly more native-born males, (67.7 per cent), admitted than native-born females, (64.7 per cent.)

TABLE 26. — *Citizenship of All Admissions, 1933; Compared with State Population, 1930*

CITIZENSHIP	TOTAL		MALES		FEMALES		State Population 1930
	Number	Per Cent	Number	Per Cent	Number	Per Cent	
Citizens by birth	4,996	66.4	2,822	67.7	2,174	64.7	74.8
Foreign Born	2,175	28.9	1,186	28.5	989	29.5	25.2
Citizens by Naturalization	1,107	14.7	647	15.6	460	13.7	—
Aliens	1,068	14.2	539	12.9	529	15.8	—
Citizenship Unknown	355	4.7	160	3.8	195	5.8	—
Total	7,526	100.0	4,168	100.0	3,358	100.0	100.0

¹This table includes all cases admitted to mental hospitals, irrespective of legal status on admission Includes transfers.

MARITAL STATUS OF COURT FIRST AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 27 and Graph 2 presents data outlining the number and rates per 100,000 of the various marital groups admitted to our State hospitals. Among the first admissions the married patients show the lowest admission rate, (74.2). Next in order are the single group with 111.9; the widowed with 230.8; and the divorced group showing the highest admission rate of all, 241.9. Differences between the sexes are most apparent in the widowed and divorced groups. In each of the marital groups the males show a much higher admission rate than the females, although the difference is not so marked among the married as among the others.

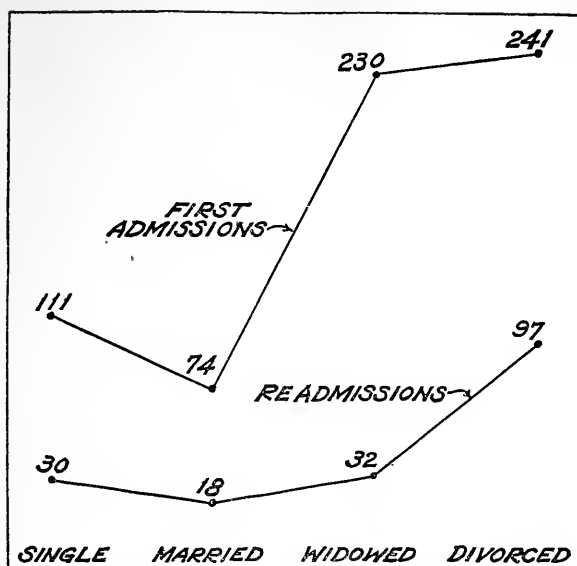
In the court readmissions the married again present the lowest admission rate of 18.3. The single are second with a rate of 30.7; the widowed third with 32.3; while the divorced show the highest rate of 97.5. The admission rate of the males is higher than that of the females in the single and divorced groups. Among the married and widowed the females show the higher rate of the two. Again in the temporary admissions we note that the married show the lowest admission rate of 67.0. Contrary to the first and readmissions, however, the widowed come second with a rate of 81.4. Here the single patients present an admission rate of 109.3, and the divorced a rate of 238.0. Among the temporary admissions the males greatly exceed the females in all of the marital groups.

It appears that marital status is an important factor in the admission of an individual to a mental hospital. In Graph 2 it will be noted that the married group shows the lowest admission rate in all forms of admission whether first admission, readmission or temporary care admission. If the individual has been married but is widowed, the death of the life partner evidently greatly increases his chance of admission. If the husband or wife has been divorced he is given an even higher rate of admission. Those remaining single are in somewhat better position, showing an intermediate rate between the married and widowed group. Relatively, our admissions to mental hospitals are made up chiefly of individuals who are single, widowed or divorced. Much smaller proportions of the married are being admitted.

TABLE 27. — *Marital Status of Court First Admissions and Readmissions and All Temporary Admissions, 1933; Rates per 100,000 State Population of Same Marital Status, U. S. Census, 1930*

MARITAL STATUS	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS					
	Number			Rate per 100,000			Number			Rate per 100,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	714	514	1,228	130.9	93.1	111.9	195	142	337	35.7	25.7	30.7
Married ¹	686	606	1,292	78.8	69.7	74.2	149	169	318	17.1	19.4	18.3
Widowed	225	362	587	310.7	199.0	230.8	22	60	82	30.4	33.0	32.2
Divorced	35	27	62	329.9	179.8	241.9	15	10	25	141.4	66.6	97.5
Separated	26	23	49	—	—	—	7	7	14	—	—	—
Unknown.	8	1	9	284.9	52.7	191.2	2	—	2	71.2	—	42.5
Total	1,694	1,533	3,227	112.8	94.6	103.4	390	388	778	26.0	23.9	24.9
							1,584	1,116	2,700	105.5	68.9	86.5

¹Rate includes "married" and "separated."



GRAPH 2. — MARITAL CONDITION OF COURT FIRST ADMISSIONS AND READMISSIONS, 1933. RATES PER 100,000 POPULATION OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS

MARITAL STATUS AND AVERAGE ADMISSION AGE

Table 28 shows that the highest average admission age of 68.7 years occurs among the widowed. Next in order is the divorced group with 50.9 years, the married group, 49.3 years, the separated, 48.3, and the single group with 39.0 years. Sex differences are observed in that the married females, (46.1 years), are admitted approximately six years earlier than the married males, (52.2 years). The separated females are admitted about eight years earlier than the separated males. In the divorced group, however, the females are admitted three years later than the divorced males. The single females are about two years older at admission than the single males.

TABLE 28. — *Average Admission Ages of Court First Admissions and Readmissions and All Temporary Admissions, 1933, by Marital Status*

MARITAL STATUS	AVERAGE AGE IN YEARS								
	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS ¹		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	38.1	40.2	39.0	38.9	40.2	39.4	31.8	31.8	31.8
Married	52.2	46.1	49.3	49.8	46.8	48.3	45.5	40.7	43.5
Widowed	68.0	69.2	68.7	62.7	62.0	62.1	58.3	55.8	56.9
Divorced	49.5	52.7	50.9	48.3	51.0	49.4	43.4	41.7	42.7
Separated	52.3	43.8	48.3	52.1	52.4	52.1	41.9	39.1	40.7
Unknown	52.5	65.0	53.8	35.0	—	35.0	55.0	51.6	53.0
All Groups	48.3	49.7	49.0	45.0	47.0	46.0	39.7	38.6	39.3

¹Includes admissions for temporary care and observation.

Among the readmissions essentially the same condition prevails. Here the widowed again show the highest average admission age of 62.1 years. The separated are next with 52.1 years; the divorced next with 49.4 years, the married next with 48.3 years, while the single are the youngest of all, 39.4 years. Sex differences among the readmissions are not so important as among the first admissions and they tend to cling closer together. Whatever effect marital status may have had upon the first admissions, it is evident that this has been largely removed by the time the cases are readmitted to a mental hospital.

TABLE 29. — *Economic Status of Court First Admissions and Readmissions and All Temporary Admissions, 1933; Percentage Distribution*

ECONOMIC STATUS	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS ¹					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	446	341	787	26.3	22.2	24.4	95	68	163	24.4	17.5	21.0
Dependent	1,144	1,065	2,209	67.5	69.5	68.4	280	294	574	71.8	75.8	73.8
Marginal	69	79	148	4.1	5.2	4.6	14	22	36	3.6	5.7	4.6
Comfortable	35	48	83	2.1	3.1	2.6	1	4	5	.2	1.0	.6
Unknown.												
Total	1,694	1,533	3,227	100.0	100.0	100.0	390	388	778	100.0	100.0	100.0
							1,584	1,116	2,700	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

The temporary care cases are admitted ten years earlier than the first court admissions, and about seven years earlier than the court readmissions. In this group the widowed again show the highest average age at admission, 56.9 years. The married group comes second with 43.5 years, then the divorced, 42.7; the separated, 40.7 years; and the single, 31.8 years. In the temporary admissions as well as in the readmitted cases there is a tendency for the average admission ages of the sexes to remain practically the same. The married show an exception to this, however. Here it will be noted that the married females are admitted approximately five years earlier than the married males.

ECONOMIC STATUS OF COURT FIRST AND READMISSIONS AND ALL TEMPORARY ADMISSIONS

Table 29 shows that the court first admissions present 68.4 per cent of cases in the "marginal" group. The next largest proportion of patients come from the "dependent" class, 24.4 per cent, and the smallest proportion from the "comfortable" group, 4.6 per cent. Among the readmissions 73.8 per cent fall in the "marginal" group; 21.0 per cent in the "dependent" group, and 4.6 per cent in the "comfortable" group. Among the temporary admissions, 88.7 per cent fall in the "marginal" group, 9.2 per cent in the "dependent" group, and 1.2 per cent in the "comfortable" group. Striking differences are observed between the various types of admission. Cases rated as "dependent" make up 24 per cent of the first court admissions, 21 per cent of court readmissions, and but 9 per cent of temporary admissions. "Marginal" cases make up 63 per cent of first court admissions, 73 per cent of court readmissions, and 88 per cent of temporary admissions. The classification "comfortable" occurs to the extent of 4 per cent in first court admissions, 4 per cent in court readmissions, and only 1 per cent in temporary admissions. There is a marked tendency here for cases in the "marginal" group to make up a larger proportion of the temporary admissions than either of the other two forms. The "dependent" group is decidedly more prevalent in the first court admissions.

ENVIRONMENT OF COURT FIRST ADMISSIONS AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 30 shows the rates per 100,000 of the population of admissions from urban and rural districts in Massachusetts. The first court admissions show a rate of 35.9 admissions per 100,000 from the rural districts, and a rate of 79.8 for admissions from urban districts. Among the readmissions the rural districts show a rate of 8.8, and the urban environment a rate of 18.7. Among the temporary admissions the rural districts present a rate of 16.0 and the urban centers a rate of 68.1. From these rates it is evident that relatively twice as many cases are admitted from urban districts as from rural districts in both first admissions and readmissions.

TABLE 30. — *Environment of Court First Admissions and Readmissions and All Temporary Admissions, 1933, Rates per 100,000 Population of Same Environment, 1930 Census*

	Total	Urban	Rural	Unknown
First Court Admissions:				
Number	3,227	3,056	150	21
Rate	75.9	79.8	35.9	
Court Readmissions:				
Number	778	718	37	23
Rate	18.3	18.7	8.8	
All Temporary Admissions: ¹				
Number	2,700	2,611	67	22
Rate	63.5	68.1	16.0	

¹Includes admissions for temporary care and observation.

In the temporary admissions there are about four times as many admissions from the urban districts. The free use of the temporary care form may be taken as an indication of progress in the public understanding of mental disease problems. The use of these shorter forms of admission are much more in evidence in the urban than in the rural districts. Evidently mental disease is preeminently a problem of the city dweller rather than of the rural dweller. The urban admission rate is twice as high as that in the rural districts.

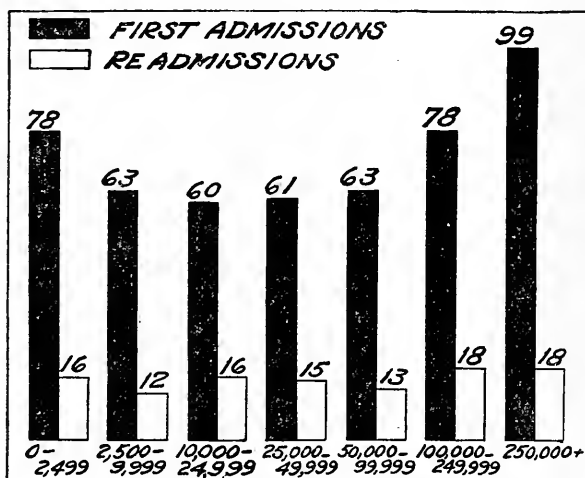
POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS
AND READMISSIONS

Table 31 presents the numbers of court first and readmissions coming from the various population groupings. It also presents the numbers of the State population falling in these population groups, and the admission rates per 100,000 for each of these groups. The material also is outlined in Graph 3.

TABLE 31. — *Population of Place of Residence of Court First Admissions and Readmissions, 1933. Rate per 100,000, 1930 Census*

POPULATION	Population in Each Unit, 1930	Number of Court First Admissions	Rate per 100,000	Number of Court Readmissions	Rate per 100,000
0- 2,499	199,957	156	78.0	32	16.0
2,500- 9,999	544,976	347	63.7	68	12.5
10,000- 24,999	693,428	420	60.6	114	16.4
25,000- 49,999	576,467	356	61.8	88	15.3
50,000- 99,999	460,411	293	63.6	60	13.0
100,000-249,999	993,187	783	78.8	187	18.8
250,000+	781,188	780	99.8	144	18.4
Unknown	—	92	—	85	—
Total	4,249,614	3,227	75.9	778	18.3

As far as the effect of population is concerned, two definite factors are evident here. The highest rates are observed in admissions from the villages (78.0), from the cities of over 100,000 population (78.8), and the largest cities with populations over 250,000 (99.8). The lowest rate is seen in the third population group, the small cities with populations between 10,000 and 24,999, a rate of 60.6. Evidently the most favorable population groups from the standpoint of admissions to mental hospitals are the small or intermediate cities. The most unfavorable population groups are the villages and the very large cities. It is interesting to observe that the rural districts show an admission rate which is very close to that of the larger cities. Among the readmissions there is no significant trend in the admission rate per 100,000 of the population, although here, too, the villages and the largest cities show high rates of admission.



GRAPH 3. — *POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS AND READMISSIONS, 1933; ADMISSION RATES PER 100,000 OF SAME POPULATION GROUP*

TABLE 32. — *Degree of Education of Court First Admissions and Readmissions and All Temporary Admissions, 1933; Percentage Distribution*

DEGREE OF EDUCATION	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS ¹					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate.	119	105	224	7.0	6.8	6.9	21	15	36	60	38	98
Reads only.	6	1	7	.4	.06	.2	1	2	3	2	8	10
Reads and Writes.	131	116	247	7.7	7.6	7.7	35	25	60	78	39	117
Common School.	958	841	1,799	56.6	54.9	55.7	228	207	435	989	659	1,648
High School.	283	307	590	16.7	20.0	18.3	69	105	174	322	298	620
College.	65	53	118	3.8	3.4	3.7	31	27	58	82	40	122
Unknown.	132	110	242	7.8	7.2	7.5	5	7	12	51	34	85
Total.	1,694	1,533	3,227	100.0	100.0	100.0	390	388	778	1,584	1,116	2,700
										100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

DEGREE OF EDUCATION OF COURT FIRST AND READMISSIONS AND ALL
TEMPORARY ADMISSIONS

Table 32 indicates that the greater number of patients admitted to State hospitals have had a common school education with those of high school education ranking next in order. Both the first and readmissions show 55 per cent of patient with a common school education. However, the court readmissions show approximately 30 per cent of cases with a high school education or higher, while the first admissions show but 22 per cent in these higher classifications. The first admissions show a higher percentage of illiterate patients (6.9 per cent) than any of the other groups. This percentage for the readmissions is 4.6 and for the temporary care admissions, 3.6 per cent. The temporary cases show the highest percentages in the common school and high school group. They are quite low on the three classifications; illiterate, reads only, and reads and writes. To summarize, the educational status of court readmissions is definitely higher than that of first admissions, and the educational status of temporary admissions is even higher than the other two groups.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS

Table 33 gives the number and per cent of first regular court admissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions, (3,227 cases), 515 or 15.9 per cent were classified as being intemperate, (26.6 per cent for males and 4.2 per cent for females). We observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Exclusive of cases with pellagra because of the small number involved, we note that the next highest percentage of intemperate cases is found in the psychoses due to drugs with 38.5 per cent, and cases without psychoses with 27.0 per cent. The lowest percentages of admissions with intemperate habits are observed in paranoia or paranoid conditions, 3.2 per cent; involution melancholia, 5.0 per cent; and dementia praecox, 6.8 per cent.

TABLE 33. — *First Court Admissions Classified as Intemperate in the Use of Alcohol, 1933; Percentage Distribution*

PSYCHOSES	Number — First Admissions			Number Intemperate			Percentage Intemperate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Alcoholic	184	21	205	184	21	205	100.0	100.0	100.0
With pellagra	1	1	2	1	—	1	100.0	—	50.0
Due to drugs and other exogenous toxins	7	6	13	3	2	5	42.8	33.3	38.5
Without psychoses	24	13	37	7	3	10	29.2	23.1	27.0
Traumatic	15	—	15	4	—	4	26.7	—	26.7
General paralysis	170	39	209	44	2	46	25.9	5.1	22.0
With psychopathic personality	18	13	31	5	1	6	27.8	7.7	19.3
With cerebral syphilis	21	10	31	4	1	5	19.0	10.0	16.1
Epileptic psychoses	18	16	34	4	1	5	22.2	6.2	14.7
With other brain or nervous diseases	51	40	91	9	1	10	17.6	2.5	11.0
With cerebral arteriosclerosis	351	310	661	66	6	72	18.8	1.9	10.9
Manic-depressive	180	212	392	32	7	39	17.8	3.3	9.9
With mental deficiency	68	64	132	11	2	13	16.2	3.1	9.8
Undiagnosed psychoses	10	12	22	2	—	2	20.0	—	9.1
Psychoneuroses and neuroses	30	38	68	3	3	6	10.0	7.9	8.8
With other somatic diseases	35	75	110	8	1	9	22.8	1.3	8.2
Senile	83	160	243	17	2	19	20.5	1.3	7.8
Dementia praecox	354	395	749	39	12	51	11.0	3.0	6.8
Involution melancholia	32	48	80	4	—	4	12.5	—	5.0
Paranoia or paranoid conditions	34	59	93	3	—	3	8.8	—	3.2
With Huntington's chorea	2	1	3	—	—	—	—	—	—
With brain tumor	6	—	6	—	—	—	—	—	—
Total	1,694	1,533	3,227	450	65	515	26.6	4.2	15.9

These percentages are based upon the total of each psychosis of first admissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS 1917-1933

Table 34 reveals the numbers of first regular court admissions by years, and also gives the numbers and percentages considered as intemperate for these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920, 10.6 per cent. After 1920 we observe a gradual rise until we reach 1927 where

the recorded percentage was 18.2 per cent. The percentages for 1928 and 1929 remained the same, 16.7 per cent for both years. In 1930 there was a slight decrease to 16.2 per cent, while in 1931 there was a still further decrease to 15.4 per cent. The year 1932 showed a rise to 16.9 per cent, but in 1933 there was another decrease to 15.9 per cent.

TABLE 34. — *First Court Admissions, 1917-1933, Classified, as Intemperate in the Use of Alcohol; Percentage Distribution*¹

YEAR	Total First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4
1932	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9
1933	1,694	1,533	3,227	450	65	515	26.6	4.2	15.9

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

Interesting sex differences are observed in the percentages of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 26.6 per cent in 1933. The females decreased from 12.2 per cent in 1917 to 4.2 per cent in 1933. Roughly this is a 32 per cent decrease for the males and 58 per cent decrease for the females.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917-1933

Tables 35A and 35J, inclusive, show the percentage of first admissions for certain psychoses over the period of years 1917-1933 inclusive. Only those psychoses which were most important numerically are represented. These figures begin in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses

Table 35A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1933. The highest percentages occur in the years 1920 and 1921. We observe a slight tendency for the last five or six years to run a trifle lower than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the seventeen-year period 8.9 per cent of all first court admissions were cases with senile psychosis. It will be observed that the percentage of females is almost twice that of the males for this psychosis.

Psychoses with Cerebral Arteriosclerosis

Table 35B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1933. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 20.5 per cent in 1933. Insofar as the proportion of cases given this clinical diagnosis has almost tripled in the seventeen-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

TABLE 35A.—*Number and Percentage with Senile Psychoses, First Court Admissions, 1917-1933¹*

YEAR	SENILE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
1931	83	180	263	5.1	11.8	8.4
1932	83	131	214	5.1	8.9	6.9
1933	83	160	243	4.9	8.5	7.5
Total	1,797	3,045	4,842	6.3	11.8	8.9

¹Tables 35A-35J include all State Hospitals, Bridgewater, Tewksbury, and McLean. U. S. Veterans' Hospitals, Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

TABLE 35B.—*Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1933*

YEAR	CEREBRAL ARTERIOSCLEROSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
1931	334	275	609	20.7	18.0	19.4
1932	340	258	598	20.9	17.5	19.3
1933	351	310	661	20.7	20.2	20.5
Total	3,858	3,015	6,873	13.5	11.7	12.7

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are consistent throughout the period 1917-1932. In 1933 the sex difference is very small, however.

During the seventeen-year period 12.7 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. The males again average about two per cent higher than the females.

General Paralysis

Table 35C gives the percentages of first admissions diagnosed with general paralysis for the years 1917-1933. The highest proportion with general paralysis is noted in the year 1924, 8.8 per cent. The lowest proportions are observed in 1928 and 1931, 6.4 per cent each. For 1933 the percentage is slightly higher, being 6.5 per cent. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

TABLE 35C. — *Number and Percentage with General Paralysis, First Court Admissions, 1917-1933*

YEAR	GENERAL PARALYSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
1931	161	42	203	9.9	2.7	6.4
1932	158	48	206	9.7	3.2	6.6
1933	170	39	209	10.0	2.5	6.5
Total	3,230	802	4,032	11.3	3.1	7.4

There is a marked sex difference in this psychosis, general paralysis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined. During the seventeen-year period general paralysis comprised 7.4 per cent of first court admissions.

Alcoholic Psychoses

Table 35D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1933. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1933 there has been considerable fluctuation with no definite trend in evidence, the proportion of alcoholic psychoses in the latter year being 6.4 per cent.

TABLE 35D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1933*

YEAR	ALCOHOLIC PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
1931	173	25	198	10.7	1.7	6.3
1932	168	35	203	10.3	2.3	6.5
1933	184	21	205	10.9	1.4	6.4
Total	3,276	594	3,870	11.5	2.3	7.1

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having an alcoholic psychosis. In 1933 this decreased to 1.4 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In 1933 this had decreased to 10.9 per cent. The alcoholic psychoses comprised 7.1 per cent of first court admissions during the seventeen years under consideration.

Dementia Praecox

Table 35E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1933. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the female average about 3 per cent higher than the males.

TABLE 35E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1933*

YEAR	DEMENTIA PRAECOX			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
1931	359	358	717	22.2	23.4	22.8
1932	330	348	678	20.3	23.5	21.8
1933	354	395	749	20.9	25.8	23.2
Total	6,307	6,406	12,713	22.1	24.8	23.4

It is interesting to observe that over the period 1917-1933 dementia praecox patients have comprised almost one-fourth of our total first court admissions to State hospitals, by far the largest percentage of any of the important psychoses under consideration.

TABLE 35F. — *Number and Percentage with Manic-Depressive Psychoses, First Court Admissions, 1917-1933*

YEAR	MANIC-DEPRESSIVE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
1931	168	217	385	10.4	14.2	12.2
1932	190	220	415	11.7	14.9	13.4
1933	180	212	392	10.6	13.8	12.1
Total	2,376	3,545	5,921	8.3	13.7	10.9

Manic-Depressive Psychoses

Table 35F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1933. The lowest proportion of first admissions diagnosed as manic-depressive occurred in the year 1919 with 8.1 per cent. The highest proportion is noted during 1932, 13.4 per cent. In 1933 the percentage drops back to 12.1. There appears to be, however, a rather consistent increase in

the proportion of cases with this diagnosis. The sexes show a marked difference in the preponderance of cases among the females. We might say that nearly twice as many females as males are diagnosed as manic-depressive. Cases with this diagnosis comprised 10.9 per cent of all first admissions over the seventeen-year period.

Psychoses with Other Somatic Diseases

Table 35G gives the percentages of first admissions diagnosed as psychoses with other somatic diseases for the years 1917-1933. The lowest proportion of cases with this psychosis occurred in 1917, 2.1 per cent, and the highest proportion in 1927, 4.2 per cent. The numbers of cases involved in this diagnosis are so small that they render further discussion inadvisable. It will be observed that this psychosis tends to occur in females in higher proportions than in males, the ratio being 2:1.

TABLE 35G. — *Number and Percentage of Psychoses with Other Somatic Diseases, First Court Admissions, 1917-1933*

YEAR	PSYCHOSES WITH OTHER SOMATIC DISEASES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2
1929	44	68	112	2.8	4.6	3.7
1930	44	69	113	2.6	4.5	3.5
1931	36	79	115	2.2	5.2	3.7
1932	38	67	105	2.3	4.5	3.4
1933	35	75	110	2.1	4.9	3.4
Total	633	1,147	1,780	2.2	4.4	3.3

TABLE 35H. — *Number and Percentage with Drug Psychoses, First Court Admissions, 1917-1933*

YEAR	PSYCHOSES DUE TO DRUGS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
1931	8	10	18	0.5	0.7	0.6
1932	6	12	18	0.4	0.8	0.6
1933	7	6	13	0.4	0.4	0.4
Total	100	103	203	0.4	0.4	0.4

Psychoses Due to Drugs

Table 35H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1933. The numbers of cases coming under this heading have been very small throughout the entire period. The lowest proportion is

observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

Psychoneuroses and Neuroses

Table 35J gives the percentages of first admissions diagnosed as psychoneuroses or neuroses for the years 1917-1933. The largest proportion of these cases is observed in 1922 with 3.2 per cent. The smallest proportion occurs in 1925, with .8 per cent. The females show consistently larger proportions than the males for this psychosis, the ratio being approximately 2:1. It will be noted that 1.7 per cent of first court admissions over the seventeen year period were cases with psychoneuroses.

TABLE 35J. — *Number and Percentage with Psychoneuroses, First Court Admissions, 1917-1933*

YEAR	PSYCHONEUROSES			PERCENTAGES OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	27	62	89	1.2	3.2	2.1
1918	35	56	91	1.8	3.1	2.4
1919	29	58	87	1.4	3.2	2.3
1920	15	28	43	1.0	2.1	1.5
1921	24	37	61	1.4	2.6	2.0
1922	43	66	109	2.4	4.2	3.2
1923	9	27	36	.6	1.9	1.3
1924	14	15	29	.9	1.1	1.0
1925	15	10	25	1.0	.7	.8
1926	11	17	28	.7	1.2	1.0
1927	12	21	33	.8	1.5	1.2
1928	15	18	33	.9	1.2	1.1
1929	11	31	42	.7	2.1	1.4
1930	15	22	37	.9	1.4	1.2
1931	10	18	28	.6	1.2	.9
1932	18	39	57	1.1	2.6	1.8
1933	30	38	68	1.8	2.5	2.1
Total	333	563	896	1.2	2.2	1.7

TABLE 36. — *Economic Status of Court First Admissions and Readmissions, 1933, by Psychoses; Percentage Distribution*

[illegible]

ECONOMIC STATUS OF COURT FIRST ADMISSIONS AND READMISSIONS BY PSYCHOSES

In Table 36 the first admissions and readmissions are divided into the three economic status groups, dependent, marginal, and comfortable. Let us look at the percentage distribution of the psychoses within each of these groups. Three psychoses show their highest occurrence in the comfortable group. These are involution melancholia, the senile psychoses, and the psychoses with psychopathic personality. Seven psychoses show the highest occurrence in the marginal group. These are dementia praecox, manic-depressive psychoses, paranoia, psychoneuroses, psychoses with other somatic diseases, the alcoholic psychoses and general paralysis. Four psychoses show their highest occurrence in the dependent group. They are psychoses with cerebral arteriosclerosis, with cerebral syphilis, the epileptic psychoses, and psychoses with mental deficiency. The manic-depressive and involutional group show very low percentages in the dependent group, the former psychosis showing about two and a half times as many cases in both the marginal and the comfortable group. The involutional group shows roughly two and a half times as many cases in the marginal classification as in the dependent group, and five times as many in the comfortable group.

Table 36 shows in a very interesting way the contrast in the particular psychoses which tend to ally themselves with either the dependent or comfortable economic status groups. Psychoses with mental deficiency, the epileptic group, psychoses with cerebral syphilis, and with cerebral arteriosclerosis tend to group themselves with dependency; while cases with involutional melancholia, psychopathic personality and the senile group tend to associate themselves with the higher levels or the comfortable economic status.

TABLE 37. — *Average Admission Ages of Court First Admissions and Readmissions, and All Temporary Care Admissions, 1933, by Psychoses*

PSYCHOSES	AVERAGE AGE AT ADMISSION IN YEARS			
	All Admissions	First Admissions	Readmissions	Temporary Care ¹ Admissions
Traumatic	41.9	44.5	35.0	38.1
Senile	74.9	75.0	73.0	76.3
With cerebral arteriosclerosis	69.3	69.8	68.3	67.4
General paralysis	45.4	46.1	48.2	42.8
With cerebral syphilis	45.6	46.9	45.0	41.7
With Huntington's chorea	61.6	65.0	60.0	55.0
With brain tumor	55.0	55.0	—	—
With other brain or nervous diseases	44.3	45.7	40.5	43.5
Alcoholic	45.1	48.0	51.6	41.5
Due to drugs and other exogenous toxins	46.7	45.2	55.0	45.5
With pellagra	41.6	45.0	—	35.0
With other somatic diseases	45.7	46.2	46.0	44.9
Manic-depressive	42.1	40.8	48.6	39.2
Involutional melancholia	53.1	53.1	54.4	52.6
Dementia praecox	35.2	34.4	38.8	34.2
Paranoia or paranoid conditions	49.0	48.3	51.0	49.5
Epileptic psychoses	34.0	35.7	42.1	30.9
Psychoneuroses and neuroses	35.3	36.9	43.8	33.6
With psychopathic personality	35.3	34.2	36.1	36.1
With mental deficiency	33.7	33.2	38.9	32.6
Undiagnosed psychoses	39.7	39.8	25.0	39.8
Without psychoses	34.5	30.1	40.3	34.7
All clinical groups	44.7	49.0	46.0	39.3

¹Includes admissions for temporary care and observation.

Among the readmissions there is a shift with regard to the economic status of some of the psychoses. Cases with involutional melancholia, and the senile psychoses still show their highest percentages in the comfortable group. In addition, cases with cerebral arteriosclerosis, the manic-depressives, the paranoid cases and cases with psychopathic personality also show their highest points of occurrence in this comfortable group. But four main psychosis groups show high points in the marginal economic classification. These are the alcoholic, other somatic diseases, the epileptic, and the psychoneuroses. Strangely enough cases who are readmitted

with dementia praecox tend to come from the dependent economic group whereas in first admissions they come from the marginal group predominately. Cases with general paralyses, with cerebral syphilis and with mental deficiency also have their highest proportion of readmissions occurring in the dependent group.

In Table 37 we observe that the average age of all first admissions is 49.0 years, of all readmissions 46.0 years, and of all temporary admissions 39.3 years. Contrary to expectation, the readmissions are readmitted at a lower average age than the first admissions. The first admissions present higher average admission ages than readmissions in the following psychoses: traumatic, senile, cerebral arteriosclerosis, cerebral syphilis, Huntington's chorea, with other brain or nervous diseases, with other somatic diseases, and in the undiagnosed psychoses. The readmissions present the higher average admission ages in the following: general paralysis, alcoholic psychoses, due to drugs, manic-depressive, involutional melancholia, dementia praecox, paranoia, epileptic, psychoneuroses, with psychopathic personality, with mental deficiency, and the group without psychoses.

It is apparent that the psychoses which show the higher admission ages among the first admissions are those which occur in the older age groups. Larger proportions of patients with these psychoses die or become semi-permanent residents of the institution, leaving a small proportion who return to the community and who may eventually return again for readmission. The psychoses admitted at the younger ages are those which show the higher average admission ages among the readmissions. The psychoses which come to the hospitals at earlier ages are not subject to the high death rate seen in the psychoses occurring in the older age groups. The average age at admission of temporary care cases is less than that of either the first admissions or readmissions in all but six of the psychoses. The use of the temporary care form of admission measures, to a certain extent, the success of community mental hygiene activities. Therefore, we note with interest that the temporary care admissions are coming into our mental hospitals approximately ten years before the first admissions by court commitment.

TABLE 38. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1933; Percentage Distribution*

PSYCHOSES	NUMBER			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	.4	—	.2
Senile	1	1	2	.4	.5	.5
With cerebral arteriosclerosis	5	8	13	2.0	4.3	2.9
General paralysis	34	2	36	13.5	1.1	8.3
With cerebral syphilis	6	—	6	2.4	—	1.4
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	4	2	6	1.6	1.1	1.4
Alcoholic	15	4	19	6.0	2.2	4.4
Due to drugs and other exogenous toxins	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—
With other somatic diseases	2	2	4	.8	1.1	.9
Manic-depressive	23	32	55	9.1	17.1	12.6
Involutional melancholia	4	4	8	1.6	2.2	1.8
Dementia Praecox	119	93	212	47.4	50.3	48.6
Paranoia or paranoid conditions	2	6	8	.8	3.2	1.8
Epileptic psychoses	6	6	12	2.4	3.2	2.8
Psychoneuroses and neuroses	2	4	6	.8	2.2	1.4
With psychopathic personality	2	4	6	.8	2.2	1.4
With mental deficiency	5	13	18	2.0	7.1	4.1
Undiagnosed psychoses	15	1	16	6.0	.5	3.7
Without psychoses	5	3	8	2.0	1.6	1.8
All clinical groups	251	185	436	100.0	100.0	100.0

ALL CASES ADMITTED BY TRANSFER

Table 38 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1933 by psychoses and sex. We note that 436 patients were transferred from one mental hospital to another during the year 1933 (251 males and 185 females). Psychoses making up the greater proportion of these transfers were: dementia praecox, 48.6 per cent; manic-depressive psychoses, 12.6 per cent; general paralysis, 8.3 per cent;

and alcoholic psychoses, 4.4 per cent. The following psychoses were represented in the smallest proportions: traumatic psychoses, .2 per cent; senile psychoses, .5 per cent; and psychoses with other somatic diseases, .9 per cent. The sex difference observed follows mainly the admission rates for the particular psychosis. Thus, we see 13.5 per cent of males transferred as contrasted with 1.1 per cent of females in general paralysis. In manic-depressive, we see 9.1 per cent of males and 17.1 per cent of females transferred.

Section C. All Discharges from Mental Hospitals during 1933

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1933. This presentation does not include a discussion of the deaths, which follows in another section.

ALL CASES DISCHARGED TO THE COMMUNITY, 1933, BY PSYCHOSES

Table 39 shows the number of first and readmissions who were discharged during 1933, giving the percentage distribution of each in accordance with their legal forms of admission. Discussing the four most important psychoses among the first admissions, we note that dementia praecox made up 26.1 per cent of the court admissions; 14.6 per cent of the temporary care; 5.9 per cent of the observation; and 1.2 per cent of the voluntary cases. Manic-depressive cases discharged during the year made up 18.6 per cent of the court cases; 14.1 per cent of the temporary care; 3.2 per cent of the observation; and 6.7 per cent of the voluntary admissions. The alcoholic group with 288 cases discharged made up 9.2 per cent of the court commitments; 8.5 per cent of the temporary care; 10.4 per cent of the observation; and 1.8 per cent of the voluntary admissions. Psychoses with cerebral arteriosclerosis made up 8.8 per cent of the court admissions; 3.5 per cent of temporary care admissions; 2.2 per cent of the observation admissions; and 1.8 per cent of voluntary admissions. Three of these important psychoses show their largest percentages in the court cases. The alcoholic show their high percentage among the observation admissions.

Among the voluntary admissions two high percentages of 15.2 per cent occur in the epileptic and psychoneuroses. The cases without psychoses show a very high percentage of voluntary admissions 46.0 per cent. They made up but 2.6 per cent of the court admissions; 23.6 per cent of the temporary care admissions; and 58.6 of the observation cases. These cases without psychosis are apparently admitted very seldom under court commitment, but are used in vastly increasing proportions in other forms of admissions.

Readmitted cases show even higher proportions of the dementia praecox and manic-depressive psychoses than do first admissions. Dementia praecox makes up 30.7 per cent of readmissions by court commitment; 18.9 per cent of the temporary cares; 5.7 per cent of observation admissions; but no cases fell in the voluntary group. The manic-depressive cases discharged constituted 33.5 per cent of the court admissions; 19.4 per cent of the temporary care cases; 11.0 per cent of the observation admissions; and 26.2 per cent of the voluntary group. Although the manic-depressive cases made up but 6.7 of the voluntary *first admissions*, it will be noted that they make up 26.2 per cent of the readmissions. Cases without psychoses among the readmissions again show small proportions of court commitments, 3.6 per cent; 21.2 per cent of temporary cases; 54.2 per cent of observation admissions; and 42.5 per cent of the voluntary cases.

The final column of this table shows that 425 or 8.5 per cent of the total cases discharged were transfers. It will be observed that the largest percentages of transfers occur in dementia praecox with 49.2 per cent, the manic-depressive psychoses with 12.7 per cent, and general paralysis with 9.2 per cent.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED

Table 40 shows the individual discharge rates for the various psychoses. In discussing the numerically important psychoses, we note that involuntal melancholia shows the high discharge rate of 57.5 among the first admissions, and a rate of 93.8 in the readmissions. The manic-depressive psychoses have a discharge rate of 57.4 in the first admissions and 78.1 in the readmissions; the psychoneuroses 57.4 in the first admissions and 71.4 in the readmissions; the alcoholic group 54.1

TABLE 40. — *Mental Condition of All Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1933.*

PSYCHOSES	TOTAL										FIRST COURT ADMISSIONS DISCHARGED			
	ALL AD- MIS- SIONS ¹	ALL DISCHARGES ¹		RECOVERED		IMPROVED		UNIMPROVED		ALL FIRST AD- MIS- SIONS ¹	ALL FIRST ADMISSION DISCHARGES ¹		RECOVERED	
		Number	Rate per 100 Ad- missions Same Diag- nosis	Number	Rate per 100 Ad- missions Same Diag- nosis	Number	Rate per 100 Ad- missions Same Diag- nosis	Number	Rate per 100 Ad- missions Same Diag- nosis					
											Total	Number		Rate per 100 Ad- missions Same Diag- nosis
Traumatic	16	9	56.3	1	6.3	7	43.8	1	6.3	15	8	53.3	1	6.7
Senile	258	49	19.0	8	3.1	32	12.4	9	3.5	243	43	17.7	7	2.9
With cerebral arteriosclerosis	706	112	15.9	9	1.3	86	12.2	17	2.4	661	106	16.0	9	1.4
General paralysis	228	64	28.1	1	4.4	52	22.8	11	4.8	209	48	23.0	—	—
With cerebral syphilis	37	15	40.5	1	2.7	10	27.0	4	10.8	31	11	35.5	1	3.2
With Huntington's chorea	5	—	—	—	—	—	—	—	—	3	—	—	—	—
With brain tumor	6	1	16.7	—	—	—	—	—	—	6	1	16.7	—	—
With other brain or nervous diseases	102	22	21.6	1	1.0	18	17.6	3	2.9	91	18	19.8	1	1.1
Alcoholic	246	144	58.5	72	29.3	64	26.0	8	3.3	205	111	54.1	58	28.3
Due to drugs and other exogenous toxins	19	15	78.9	9	47.4	6	31.6	—	—	13	13	100.0	7	53.8
With pellagra	2	—	—	—	—	—	—	—	—	2	—	—	—	—
With other somatic diseases	120	55	45.8	19	15.8	33	27.5	3	2.5	110	50	45.5	18	16.4
Manic-depressive	620	403	65.0	168	27.1	209	33.7	26	4.2	392	225	57.4	97	24.7
Involutional melancholia	96	61	63.5	14	14.6	38	39.6	9	9.4	80	46	57.5	9	11.3
Dementia praecox	1,044	478	45.8	21	2.0	366	35.1	91	8.7	749	315	42.1	19	2.5
Paranoia or paranoid conditions	113	66	58.4	6	5.3	51	45.1	9	8.0	93	47	50.5	5	5.4
Epileptic psychoses	41	32	78.0	5	12.2	19	46.3	8	19.5	34	21	61.8	2	5.9
Psychoneuroses and neuroses	82	49	59.8	7	8.5	37	45.1	5	6.1	68	39	57.4	7	10.3
With psychopathic personality	40	35	87.5	8	20.0	21	52.5	6	15.0	31	21	67.7	3	9.7
With mental deficiency	159	73	45.9	27	17.0	43	27.0	3	1.9	132	48	36.4	20	15.2
Undiagnosed psychoses	23	5	21.7	1	4.3	2	8.7	2	8.7	22	5	22.7	1	4.5
Without psychoses	42	50	119.0	—	—	—	—	—	—	37	31	83.8	—	—
All clinical groups	4,005	1,738	43.4	378	9.4	1,094	27.3	216	5.4	3,227	1,207	37.4	265	8.2

TABLE 40. — *Mental Condition of All Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1933 — Concluded*

		FIRST COURT ADMISSIONS DISCHARGED						COURT READMISSIONS DISCHARGED					
		IMPROVED		UNIMPROVED		ALL RE-ADMISSIONS ¹	ALL READMISSIONS DISCHARGES ¹	RECOVERED		IMPROVED		UNIMPROVED	
		Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis			Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis
PSYCHOSES													
Traumatic		6	40.0	1	6.7	1	100.0	—	—	1	100.0	—	—
Senile		29	11.9	7	2.9	15	40.0	1	6.7	3	20.0	2	13.3
With cerebral arteriosclerosis		80	12.1	17	2.6	45	13.3	—	—	6	13.3	—	—
General paralysis		39	18.7	9	4.3	19	84.2	1	5.3	13	68.4	2	10.5
With cerebral syphilis		6	19.4	4	12.9	6	66.7	—	—	4	66.7	—	—
With Huntington's chorea		—	—	—	—	2	—	—	—	—	—	—	—
With brain tumor		—	—	1	16.7	—	—	—	—	—	—	—	—
With other brain or nervous diseases		14	15.4	3	3.3	11	36.4	—	—	4	36.4	—	—
Alcoholic		48	23.4	5	2.4	41	80.5	14	34.1	16	39.0	3	7.3
Due to drugs and other exogenous toxins		6	46.2	—	—	6	33.3	2	33.3	—	—	—	—
With pellagra		29	26.4	3	2.7	10	50.0	—	—	—	—	—	—
With other somatic diseases		109	27.8	19	4.8	228	78.1	71	31.1	100	43.9	7	3.1
Manic-depressive		30	37.5	7	8.8	16	93.8	5	31.3	8	50.0	2	12.5
Involutional melancholia		246	32.8	50	6.7	295	55.3	2	2.7	120	40.7	41	13.9
Dementia praecox		35	37.6	7	7.5	20	95.0	1	5.0	16	80.0	2	10.0
Paranoia or paranoid conditions		13	38.2	6	17.6	7	157.1	3	42.9	6	85.7	2	28.6
Epileptic psychoses		27	39.7	5	7.4	14	71.4	10	71.4	10	71.4	—	—
Psychoneuroses and neuroses		14	45.2	4	12.9	9	155.6	5	55.6	7	77.8	2	22.2
With psychopathic personality		28	21.2	—	—	27	92.6	7	25.9	15	55.6	3	11.1
With mental deficiency		2	9.1	2	9.1	1	—	—	—	—	—	—	—
Undiagnosed psychoses		—	—	—	—	5	—	—	—	—	—	—	—
Without psychoses		—	—	—	—	—	—	—	—	—	—	—	—
All clinical groups		761	23.6	150	4.6	778	68.3	113	14.5	333	42.8	66	8.5

¹Includes admissions and discharges under regular court commitment.

in the first admissions, and 80.5 in the readmissions; psychoses with other somatic diseases 45.5 in the first admissions, and 50.0 in the readmissions. Dementia praecox cases show a discharge rate of 42.1 in the first admissions and a rate of 55.3 in the readmissions. General paralysis has a discharge rate of 23.0 in the first admissions and 84.2 in the readmissions. The senile group has a discharge rate of 17.7 in the first admissions and a rate of 40.0 in the readmissions. Psychoses with cerebral arteriosclerosis show a discharge rate of 16.0 in the first admissions and 13.3 in the readmissions. We see that this last psychosis is the only one of the entire major group which shows a lower discharge rate among the readmissions. Practically all the other psychoses have definitely higher discharge rates among the readmissions for the year 1933.

Table 40 (a) shows the discharge rates for the total of all the psychoses considered together. For each 100 cases admitted during 1933 43.4 were discharged during the same year. The discharge rate for first admissions was 37.4, and for readmissions, 68.3. We note that the discharge rate of the readmissions is approximately 82 per cent higher than that of the first admissions. Among the first admissions the recovered group shows a discharge rate of 8.2 which is lower than the rate of 14.5 for the readmissions. In the unimproved group the first admissions show a discharge rate of 23.6 while the rate of the readmissions was 42.8. In the unimproved group the first admissions show a rate of 4.6 and the readmissions a rate of 8.5. Thus, in each of these mental status groups the readmissions show definitely higher discharge rates than the first admission.

TABLE 40-A. — *Court First and Readmissions Discharged, 1933, by Mental Status: Discharge Rate per 100 Admissions*

DISCHARGE RATES	DISCHARGE RATE PER 100 ADMISSIONS				
	MENTAL STATUS AT DISCHARGE				
	Total	Recovered	Improved	Unimproved	Without Psychoses
Per 100 First Admissions.	37.4	8.2	23.6	4.6	1.0
Per 100 Readmissions	68.3	14.5	42.8	8.5	2.4
Per 100 Admissions — Total	43.4	9.4	27.3	5.4	1.2

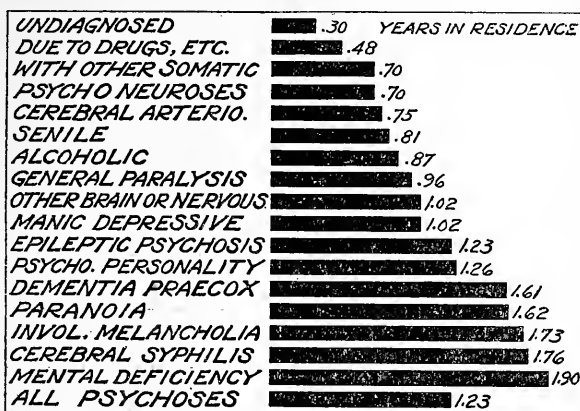
AVERAGE TIME WITHIN INSTITUTION DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED

The average net hospital stay in years for all psychoses and for both sexes is one year and two months (Table 41 and Graph 4). Patients who were discharged as "recovered" remained one year. Those discharged as "improved" and "unimproved" remained approximately one year and three months. Those discharged as "without psychoses" remained about one year and two months.

The average length of stay in years for all discharged is longest in cases with mental deficiency, 1.90 years. The psychoses with cerebral syphilis, 1.76 years; psychoses with involutional melancholia, 1.73 years; psychoses with paranoia, 1.62 years; and dementia praecox, 1.61 years, come next in order according to length of stay. Excluding the psychoses with brain tumor because of the small number of cases concerned, we find the shortest average periods in the following psychoses: undiagnosed psychoses, .30 years; psychoses due to drugs, .48 years; traumatic psychoses, .68 years; and psychoneuroses and psychoses with cerebral arteriosclerosis, .70 years each. It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution, excluding all time out on visit, etc.

In the "recovered" group, patients with the following psychoses remained the longest average time in hospitals: involutional melancholia, 2.48 years; senile psychoses, 1.48 years; and psychoses with mental deficiency, 1.32 years. Patients with the following psychoses remained the shortest average time: psychoneuroses,

.34 years; psychoses with other brain or nervous diseases, .40; and psychoses due to drugs and with cerebral arteriosclerosis, .42 years each.



GRAPH 4.—AVERAGE LENGTH OF TIME IN RESIDENCE* OF COMMITTED PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1933

In the groups considered as "improved" in mental condition, the following remained the longest average periods: psychoses with mental deficiency, 2.38 years; psychoses with cerebral syphilis, 2.01 years; paranoia, 1.88 years; dementia praecox, 1.60 years; and cases with psychopathic personality, 1.55 years. The shortest averages were observed in the undiagnosed psychoses, .50 years; senile psychoses, .53 years; psychoses due to drugs, .60 years, and psychoses with other somatic diseases, .66 years.

For the group considered as "unimproved" in mental condition, the longest average stay was observed in the following: involutional melancholia, 2.88 years; dementia praecox, 1.78 years; psychoses with cerebral syphilis, 1.49 years; and senile psychoses, 1.19 years. The shortest averages were observed in the following: traumatic psychoses, .09 years; psychoneuroses, .24 years; and psychoses with other brain or nervous diseases, .25 years. In the group "without psychoses" the average length of stay is 1.19 years.

In comparing the sexes, we observe in the total for all mental conditions that the males remain in the institution about two months longer than the females. In the "recovered" group there is practically no difference in the average length of hospital stay. In the "improved" group the males remained one year and four months and the females one year and two months. In the "unimproved" group the males remained one year and five months while the females remained slightly over one year.

AVERAGE AGE OF ALL COURT CASES DISCHARGED, BY PSYCHOSES AND CONDITION ON DISCHARGE

Table 42 presents the average age at discharge of cases recovered, improved and unimproved in the various psychosis groups. The total line for all psychoses reveals that the patients who recovered were discharged at an average age of 42.5 years. The improved group had an average age at discharge of 43.9 years. The unimproved group had an average age at discharge of 44.1 years. The recovered cases are discharged at the earliest ages, the improved at an average of one year later, and the unimproved at an average of two years later. In cases with general paralysis, paranoia, other brain or nervous diseases, and the epileptic psychoses the recovered cases are discharged at higher ages than the improved or the unimproved. In the alcoholic, manic-depressive, involutional melancholia, dementia praecox and the psychoneuroses, the recovered cases are discharged at earlier ages than the improved and unimproved cases. The above two groups are the only ones which show definite trends. The other psychoses present considerable

variability with regard to age at discharge. Cases with dementia praecox who were discharged as recovered, showed an average age of 30.4 years at discharge, the improved, 35.2 years, and the unimproved 36.8 years. The manic-depressive group who recovered averaged 40.4 years at discharge, the improved 44.8 years, and the unimproved 45.7 years. In the alcoholic group the recovered averaged 45.5 years, the improved 47.5 years, and the unimproved 52.5 years. In these three psychotic groups we have a definite suggestion with regard to the age at which they will show a tendency to recover. The epileptic psychoses, recovered at an average discharge age of 43.0 years, the improved at 37.8 years, and the unimproved at 32.5 years. In the paranoid group the recovered showed an average discharge age of 53.3 years, the improved 51.0 years, and the unimproved 46.1 years. The latter two psychoses show a tendency toward recovery in the older age groups rather than in the younger ages.

TABLE 42. — *Average Age at Discharge of All Court Cases Discharged, 1933, by Psychoses and Condition on Discharge*

PSYCHOSES	TOTAL		RECOVERED		IMPROVED		UNIMPROVED	
	No.	Average Age	No.	Average Age	No.	Average Age	No.	Average Age
Traumatic	9	51.6	1	55.0	7	50.7	1	55.0
Senile	49	71.9	8	67.5	32	72.8	9	72.5
With cerebral arterio-sclerosis	112	67.1	9	69.2	86	66.0	17	71.7
General paralysis	64	43.3	1	55.0	52	43.8	11	37.7
With cerebral syphilis	15	44.3	1	35.0	10	47.0	4	40.0
With Huntington's chorea	—	—	—	—	—	—	—	—
With brain tumor	1	55.0	—	—	—	—	1	55.0
With other brain or nervous diseases	22	36.3	1	55.0	18	35.9	3	32.5
Alcoholic	144	46.8	72	45.5	64	47.5	8	52.5
Due to drugs and other exogenous toxins	15	54.3	9	53.8	6	55.0	—	—
With pellagra	—	—	—	—	—	—	—	—
With other somatic diseases	55	41.3	19	40.2	33	41.9	3	41.6
Manic-depressive	403	43.0	168	40.4	209	44.8	26	45.7
Involuntional melancholia	61	55.1	14	53.5	38	55.0	9	58.3
Dementia praecox	478	35.3	21	30.4	366	35.2	91	36.8
Paranoia or paranoid conditions	66	50.7	6	53.3	51	51.0	9	46.1
Epileptic psychoses	32	37.3	5	43.0	19	37.8	8	32.5
Psychoneuroses and neuroses	49	36.8	7	31.0	37	37.6	5	39.0
With psychopathic personality	35	36.1	8	31.8	21	39.5	6	30.0
With mental deficiency	73	35.2	27	34.3	43	36.1	3	31.6
Undiagnosed psychoses	5	47.0	1	55.0	2	45.0	2	45.0
Without psychoses	50	36.8	—	—	—	—	—	—
Total	1,738	43.4	378	42.5	1,094	43.9	216	44.1

AVERAGE AGE OF COURT FIRST ADMISSIONS AND READMISSIONS DISCHARGED BY PSYCHOSES AND SEX

Table 43 reveals that there is very little difference between the average age of discharge for first admissions (43.5 years), and readmissions, (43.3 years). The sex differences are also negligible. The first admissions show 43.6 years for the males and 43.3 years for the females. In the readmissions the males show a discharge age of 42.3 years, and the females 44.3 years. In the admission to State hospitals during 1933 the first admissions entered at an average age of 49.0 years and the readmissions at an average age of 46.0 years.

The senile cases discharged showed the highest average ages of 71.9 years for first admissions and 71.6 years for readmissions. Cases with cerebral arterio-sclerosis showed an average discharge age of 67.6 years in the first admissions and 65.0 years in the readmissions. Cases with involuntional melancholia showed an average age of 54.3 years in the first admissions and 57.6 years in the readmissions. The alcoholic group showed an average discharge age of 46.0 years in first admissions and 48.0 years in readmissions. The manic-depressive psychoses showed an average discharge age of 41.7 years in the first admissions and 44.8 in the readmissions. Patients with dementia praecox had an average discharge age of 33.8

TABLE 44. — Average Age at Discharge of Court First Admissions and Readmissions Discharged during 1933, by Hospital and Sex

HOSPITALS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS						
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Medfield	28	46	74	45.3	48.2	47.1	20	24	44	46.5	52.4	49.7	8	22	30	42.5	43.6	43.3	
Boston State	86	97	183	47.1	46.3	46.7	57	60	117	50.9	45.6	48.2	29	37	66	39.6	47.5	44.0	
Northampton	74	101	175	42.2	47.8	45.5	57	70	127	40.4	48.1	44.6	17	31	48	48.5	47.2	47.7	
Westborough	87	107	194	46.1	43.4	44.6	65	86	151	44.6	42.7	43.5	22	21	43	50.4	46.4	48.4	
Taunton	72	66	138	46.5	40.8	43.8	58	44	102	47.6	40.3	44.4	14	22	36	42.1	41.8	41.9	
Worcester	163	169	332	44.3	43.2	43.8	127	126	253	44.7	43.8	44.2	36	43	79	43.0	41.6	42.2	
Gardner	13	23	36	41.1	45.0	43.6	7	16	23	39.2	43.1	41.9	6	7	13	43.3	49.2	46.5	
Metropolitan	17	11	28	42.0	44.0	42.8	—	—	—	—	—	—	17	11	28	42.0	44.0	42.8	
Danvers	107	112	219	43.2	42.0	42.6	79	80	159	43.1	40.3	41.7	28	32	60	43.3	46.2	44.8	
McLean	15	27	42	38.3	45.0	42.6	11	20	31	42.2	49.0	46.6	4	7	11	27.5	33.5	31.3	
Grafton	12	14	26	44.1	40.7	42.3	—	9	10	19	43.8	40.0	41.8	3	4	7	45.0	42.5	43.5
Foxborough	40	35	75	39.9	42.1	40.9	33	23	56	38.4	43.7	40.6	7	12	19	46.7	39.1	41.9	
Veterans' Adm. Fac. No. 95	25	—	25	40.6	—	40.6	8	—	8	42.5	—	42.5	17	—	17	30.7	—	39.7	
Veterans' Adm. Fac. No. 107	91	—	91	39.9	—	39.9	32	—	32	40.9	—	40.9	59	—	59	32.4	—	39.4	
Bridgewater	32	—	32	37.4	—	37.4	27	—	27	36.3	—	36.3	5	—	5	43.0	—	43.0	
Tewksbury	3	3	6	41.6	35.2	37.0	3	2	5	41.6	31.2	37.5	—	1	1	35.0	35.0	33.0	
Boston Psychopathic	20	24	44	41.6	32.7	36.7	19	20	39	42.0	29.7	35.7	—	4	5	35.0	47.5	45.0	
Monson	11	7	18	31.8	25.7	29.4	9	5	14	30.0	23.5	27.7	2	2	4	40.0	31.7	37.5	
All Hospitals	896	842	1,738	43.2	43.6	43.4	621	586	1,207	43.6	43.3	43.5	275	256	531	42.3	44.3	43.3	
Percent	100.0	100.0	100.0				69.3	69.6	69.4				30.7	30.4	30.6				

years in the first admissions, and 38.3 years in the readmissions. The epileptic psychoses showed an average of 33.3 years in the first admissions and 45.0 in the readmissions; mental deficiency 32.7 years in the first admissions and 40.2 years in the readmissions. The without psychoses group showed an average discharge age of 35.1 years in the first admissions and 39.4 years in the readmissions. All of these psychoses tend to show *older* average discharge ages among the readmissions than among the first admissions with the exception of the senile group, arteriosclerosis, general paralysis, and psychoses with other somatic diseases. The latter show younger average ages at discharge among the first admissions.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL

* In Table 44 we observe that the average age of first admissions discharged during 1933 was 43.5 years, and for the readmissions the age was 43.3 years. Both the first admissions and the readmissions discharged left the institution at approximately the same ages. We recall that the first admissions admitted during the year averaged about three years older than the readmissions admitted during the year, (49.0 years as against 46.0 years). Apparently the first admissions select the younger cases for discharge, while the readmissions discharge cases from all age groups. The highest average age for all discharges is seen in the Medfield State Hospital with 47.1 years. Boston State is second with 46.7 years; and Northampton third with 45.5 years. The Psychopathic Hospital with 36.7 years, and the Monson State Hospital with 29.4 years show the youngest discharge ages. At the Boston State Hospital, Medfield, Taunton, Worcester, McLean, Tewksbury, Veterans' No. 107 and Veterans' No. 95, the first admissions discharged were older than the readmissions discharged. The remaining ten institutions show the average age of readmissions discharged to be higher than first admissions. When we take the entire sample, however, comprised of all cases discharged from all institutions throughout the State, we see that the average ages at discharge for first and readmissions are practically the same.

It will be observed in Table 44 that 69.4 per cent of the cases discharged were first admissions while 30.6 per cent were readmissions. These percentages remain about the same for each of the sexes.

AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION AND ALL ADMISSIONS, BY PSYCHOSES

Table 45 shows us that the average length of hospital stay of first admissions discharged during 1933 was 1.09 years; 1.16 years for the males and 1.01 years for the females. The average hospital stay during this admission for the readmissions was 1.54 years: 1.67 years for the males and 1.39 for the females. It is evident that first admissions leave the hospital in a little over one year and a month, while the readmissions discharged stay half again as long, or about one year and a half.

The readmissions had previous hospital residences during which they remained within institutions an average of 1.59 years. We see a longer average stay for the females, 1.73 years as opposed to 1.47 years for the males. In the figures for *this* admission for both the first admissions and readmissions we notice that the males have the longer average stay. Readmissions show a total time in institutions for all admissions, including previous admissions as well as the present admission, of 3.13 years: 3.14 years for the males and 3.12 years for the females. We notice very little difference between the sexes here. Apparently, the females tend to remain in institutions longer during their early admissions, while the males remain longer during the later admissions.

Turning to the individual psychoses, and referring to *this* admission only, we note that cases with involuntional melancholia show an average hospital stay of 1.63 years for first admissions and 2.05 years for readmissions. Psychoses with mental deficiency show an average residence of 1.60 years for first admissions and 2.49 years for readmissions; the epileptic group 1.50 years for first admissions and .77 for readmissions; dementia praecox, 1.43 years for first admissions and 1.95 for readmissions; manic-depressive psychoses .99 years for the first admissions and 1.06 for readmissions. The senile group shows an average length of stay of .84 years for the first admissions and 1.28 years for the readmissions; psychoses

TABLE 45. — *Average Length of Hospital Stay of Court First Admissions and Readmissions Discharged, 1933, by Psychoses and Sex*

	AVERAGE TIME IN YEARS SPENT IN INSTITUTIONS ¹											
	FIRST ADMISSIONS			This Admission			Previous Admissions			All Admissions		
	PSYCHOSES			This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic . . . . .	.73	.50	.69	.50	—	.50	.27	.25	.219	.50	.50	.50
Senile . . . . .	.66	.77	.84	.29	1.47	1.28	.27	2.59	2.19	.56	4.06	3.47
With cerebral arteriosclerosis . . . . .	.85	.66	.77	.39	.50	.52	1.69	.25	.91	2.08	.75	1.43
General paralysis	1.11	.54	1.00	.39	.45	.83	.97	.39	.78	1.96	.84	1.61
With cerebral syphilis	1.22	.43	1.00	4.63	1.25	3.85	.55	.25	.28	5.18	1.50	4.13
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor . . . . .	.50	—	.50	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1.73	.82	1.13	.50	.54	.53	.50	.01	.13	1.00	.55	.66
Alcoholic . . . . .	.89	.46	.84	.97	1.00	.98	1.55	3.50	1.77	2.52	4.50	2.75
Due to drugs and other exogenous toxins . . . . .	.50	.48	.49	.50	.50	.50	—	—	—	.50	.50	.50
With pellagra	—	—	—	3.46	.50	1.09	1.00	—	.20	4.46	.50	1.29
With other somatic diseases	1.17	.92	.99	.93	1.16	1.06	.76	1.73	1.33	1.69	2.89	2.39
Manic depressive	2.05	1.51	1.63	.62	2.56	2.05	.25	1.01	.80	.87	3.57	2.85
Involutional melancholia	1.65	1.24	1.43	2.09	1.76	1.95	2.00	1.41	1.76	4.09	3.17	3.71
Dementia praecox	1.52	.86	1.10	4.85	1.50	2.91	.64	3.25	1.99	5.49	4.75	4.90
Paranoia or paranoid conditions	1.84	.71	1.50	.97	.36	.77	2.40	.29	.68	3.37	.65	1.45
Epileptic psychoses . . . . .	.40	.81	.67	1.20	.53	.90	1.47	.70	.91	2.67	1.23	1.81
Psychoneuroses and neuroses	1.15	1.57	1.35	1.22	1.05	1.12	3.01	4.59	3.91	4.23	5.64	5.03
With psychopathic personality	1.20	1.63	1.60	3.20	2.85	2.49	1.20	3.65	2.83	4.40	6.50	5.32
With mental deficiency . . . . .	.25	.50	.30	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses . . . . .	.49	.31	.44	3.31	.53	2.49	1.82	2.39	1.95	5.13	2.92	4.44
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—
All clinical groups	1.16	1.01	1.09	1.67	1.39	1.54	1.47	1.73	1.59	3.14	3.12	3.13

¹Exclusive of all time spent out on visit, etc.

with cerebral arteriosclerosis an average of .77 years for the first admissions and .52 years for readmissions; psychoneuroses .67 years for first admissions and .90 for readmissions; psychoses with somatic diseases .53 years for first admissions and 1.09 for readmissions; and psychoses due to drugs .49 years for first admissions and .50 for readmissions. The cases with involutional melancholia, psychoses with mental deficiency, paranoia, and dementia praecox show the longest periods of hospital residence for both first admissions and readmissions. The alcoholic, senile, cerebral arteriosclerotic, psychoneurotic and psychoses with somatic diseases show the shorter periods of hospital residence. Most of the psychoses tend to show longer periods of residence during this admission when they become readmissions. The epileptic group, psychoses with psychopathic personality, general paralysis and psychoses with cerebral arteriosclerosis are conspicuous exceptions to this rule as these psychoses tend to show a shorter hospital residence when they become readmissions.

DISCHARGE RATES PER 1,000 COURT FIRST AND READMISSIONS UNDER TREATMENT
1933, BY PSYCHOSIS AND AGE

In Table 46 we record the discharge rates of the various psychoses in accordance with the first and readmissions under treatment during 1933. The discharge rates for all psychoses together in the first admissions under treatment was 111. This is about three and a half times as high as the rate of 31. observed in the readmissions under treatment. In presenting the rates for the various psychoses, the highest discharge rate is recorded first, while the remaining psychoses follow in order. In the first admissions, psychoses due to drugs show the highest rate of 619. cases discharged per one thousand cases of the same psychosis under treatment during 1933. The psychoneuroses are second with a rate of 443., while the manic-depressive group is third with a rate of 294. Cases with dementia praecox show a discharge rate of 83., and cases with cerebral arteriosclerosis show a rate of 82. The lowest discharge rate occurs in epilepsy, with 44. cases discharged per each 1,000 first admissions under treatment during 1933.

TABLE 46. — *Discharge Rates per 1,000 Court First and Readmissions Under Treatment, 1933, by Psychoses*

DISCHARGE RATE PER 1,000 FIRST ADMISSIONS UNDER TREATMENT	DISCHARGE RATE PER 1,000 READMISSIONS UNDER TREATMENT
<p><i>Psychoses</i></p> <p>Due to drugs and other exogenous toxins . . . 619.</p> <p>Psychoneuroses and neuroses . . . 443.</p> <p>Manic-depressive . . . 294.</p> <p>With other somatic diseases . . . 268.</p> <p>With psychopathic personality . . . 247.</p> <p>Traumatic . . . 210.</p> <p>Paranoia or paranoid conditions . . . 186.</p> <p>Due to alcohol . . . 153.</p> <p>With cerebral syphilis . . . 144.</p> <p>Involutional melancholia . . . 144.</p> <p>General paresis . . . 104.</p> <p>With other brain or nervous diseases . . . 104.</p> <p>Brain tumor . . . 90.</p> <p>Dementia praecox . . . 83.</p> <p>With cerebral arteriosclerosis . . . 82.</p> <p>With mental deficiency . . . 74.</p> <p>Senile . . . 57.</p> <p>Epilepsy . . . 44.</p> <p>Undiagnosed psychoses . . . 217.</p> <p>Without psychosis . . . 161.</p>	<p><i>Psychoses</i></p> <p>Due to drugs and other exogenous toxins . . . 125.</p> <p>Manic-depressive . . . 106.</p> <p>Psychopathic personality . . . 100.</p> <p>Psychoneuroses and neuroses . . . 94.</p> <p>Involutional melancholia . . . 69.</p> <p>With other somatic diseases . . . 63.</p> <p>With cerebral syphilis . . . 47.</p> <p>Paranoia or paranoid conditions . . . 45.</p> <p>General paresis . . . 43.</p> <p>Senile . . . 43.</p> <p>Alcoholic . . . 41.</p> <p>Traumatic . . . 31.</p> <p>With other brain or nervous diseases . . . 27.</p> <p>With mental deficiency . . . 21.</p> <p>With cerebral arteriosclerosis . . . 20.</p> <p>Dementia praecox . . . 19.</p> <p>Epilepsy . . . 16.</p> <p>With brain tumor . . . —</p> <p>Undiagnosed psychoses . . . —</p> <p>Without psychosis . . . 50.</p>
All groups . . . 111.	All groups . . . 31.

Among the readmissions, the psychoses due to drugs show the highest discharge rate of 125. cases per thousand under treatment. The manic-depressive psychoses are second with 106., and psychoneuroses third with a rate of 100. Dementia praecox, with 19., and epilepsy with 16. show the lowest discharge rates. In all of the psychoses the chance for discharge is much greater in the first admissions than in the readmissions.

TABLE 47. — Discharge Rates per 1,000 Court First and Readmissions Under Treatment, 1933, by Present Age and Psychoses — Concluded

PSYCHOSES	DISCHARGES RATE PER 1,000 UNDER TREATMENT											
	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS +		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs												
First admissions	1,000.	250.	400.	1,000.	1,000.	1,000.	—	1,000.	1,000.	—	—	—
Readmissions	200.	—	142.	—	500.	500.	—	—	—	—	—	—
Psychoneuroses												
First admissions	250.	400.	357.	—	250.	142.	—	—	—	—	—	—
Readmissions	—	—	—	—	125.	90.	—	—	—	—	—	—
Manic-depressive												
First admissions	316.	160.	229.	155.	150.	152.	58.	—	23.	166.	—	90.
Readmissions	85.	115.	103.	93.	57.	72.	35.	35.	35.	—	—	—
Other somatic diseases												
First admissions	250.	212.	222.	166.	150.	156.	200.	—	100.	—	—	—
Readmissions	—	90.	45.	—	—	—	—	—	—	—	—	—
Psychopathic personality												
First admissions	—	166.	66.	142.	333.	250.	—	—	—	—	—	—
Readmissions	76.	—	47.	—	250.	90.	—	—	—	—	—	—
Traumatic												
First admissions	125.	500.	200.	166.	—	142.	333.	—	250.	—	—	—
Readmissions	83.	—	83.	—	—	—	—	—	—	—	—	—
Paranoia												
First admissions	133.	309.	236.	150.	66.	92.	—	—	—	—	—	—
Readmissions	87.	44.	59.	—	45.	32.	50.	34.	40.	—	—	—
Due to alcohol												
First admissions	120.	200.	127.	43.	—	36.	70.	—	58.	—	—	—
Readmissions	38.	57.	42.	21.	—	17.	—	—	—	—	—	—
Cerebral syphilis												
First admissions	200.	111.	166.	83.	—	50.	—	—	—	—	—	—
Readmissions	71.	—	41.	—	—	—	—	—	—	—	—	—
Involuntional melancholia												
First admissions	142.	183.	170.	58.	113.	92.	—	52.	35.	—	—	—
Readmissions	142.	82.	97.	30.	73.	54.	—	47.	40.	—	—	—
General paresis												
First admissions	100.	111.	102.	85.	—	62.	—	—	—	1,000.	—	500.
Readmissions	13.	58.	22.	—	—	—	—	—	—	—	—	—
Other brain or nervous												
First admissions	71.	50.	58.	—	—	66.	—	—	—	—	—	—
Readmissions	—	—	—	—	166.	—	—	—	—	—	—	—

Table 47 presents the discharge rates for the psychoses in the various age groups for both first and readmissions. The discharge rates as given in the totals of the preceding table might be influenced by a preponderance of younger or older patients in the psychoses presenting large numbers of cases. Thus, by dividing the cases under treatment for certain psychoses into separate age groups we are able to determine the discharge rates not only of each psychosis, but of the cases falling within each separate age group. For example, we can show whether or not dementia praecox cases aged 30-39 years have a greater or lesser chance of discharge than cases aged 40-49 years. Let us turn to the relative discharge rates of the specific psychoses in the various age groups. In the age group 0-19 years, psychoses with psychopathic personality show the highest discharge rate of 800. cases discharged per 1,000 under treatment during 1933. The psychoneuroses are second with 750., and general paresis third with 600. In the 20-29 year group, psychopathic personality is again first with a rate of 750. Cases with other somatic diseases come second with 578., and manic-depressive third, with 564. In the 30-39 years group, psychoses due to drugs present the highest discharge rate of 666. The psychoneuroses are second with 533. and the traumatic psychoses third with 500. In the 40-49 year group, psychoses due to drugs are again first with 570. The psychoneuroses are second with 388., and the manic-depressive third with 306. In the 50-59 year group, psychoses with brain tumor come first with 500.; psychoses due to drugs second, with 400.; and the psychoneuroses third with 357. In the 60-69 year group, psychoses due to drugs are first with 1,000.; psychopathic personality second with 250.; and other somatic diseases third with 156. In the 70-79 year group, psychoses due to drugs again show the highest rate of 1,000.; traumatic psychoses are second, with 250.; and other somatic diseases third with 100. Certain psychoses tend to have high discharge rates in all of the age groups. However, the epileptic, cases with dementia praecox and the mental deficiency groups have low discharge rates whatever the age group.

Reviewing the total line for first admissions, we note that the age group 0-19 years shows a discharge rate of 130. The highest discharge rate of 217. occurs in the age group 20-29 years. There is then a gradual decrease as the older age groups are approached. In the age group 30-39 years, the rate is 172. In the 40-49 year group, the rate is 119.; in the 50-59 group, 92.; in the 60-69 year group, 71.; in the 70-79 year group, 45.; and in the group 80 years plus, 44. The cases under 50 years of age show high discharge rates. The cases over 50 years of age show very marked decreases.

Important sex differences are noted. The discharge rate for all psychoses together is 111.; 110. for the males and 113. for the females. The females show discharge rates which are higher than those of the males in five of the eight age groups. In the age group 0-19 years, the females have 30 more patients discharged per 1,000 under treatment than the males, the rates for females being 147. and for the males, 117. In the 20-29 year group, the excess of females amounts to 67. In the group 30-39 years, the males show a small excess of 2. In the 40-49 year group the females again discharge larger proportions of cases, 126. as against 112. for the males, an excess of 14. In the 50-59 year group the excess of the female discharge rate is 3; 94. for the females and 91. for the males. In the 60-69 year age group the females present an excess of 11. In the 70-79 and 80 years plus groups, the males present excesses of 20 and 25 points respectively. Thus, up to the age of thirty, females with mental disorder have a much better chance of discharge than the males. From the age of thirty on, the discharge rates for the two sexes show smaller differences, the males showing higher rates in three of the six remaining age groups, and the females presenting higher rates in the other three.

The discharge rates for the readmissions under treatment are not discussed owing to space limitations. The figures, however, are available in Table 47 and show the same essential characteristics as are observed in the first admissions.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED

The 1,738 committed cases discharged during 1933 had a total of 1,485 visits, or an average of 1.8 visits for each patient discharged, (Table 48). We note that 14.6 per cent of these patients were discharged directly from the institution without being placed on visit; 58.3 per cent had one visit; 12.5 per cent, two visits;

5.6 per cent, three visits; and an additional 9.0 per cent had four or more visits previous to discharge.

TABLE 48. — *Number of Times Out on Visit during This Admission of Committed Patients Discharged during 1933, by Psychoses*

PSYCHOSES	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
Traumatic	9	9	—	8	—	—	1	—	—	1.4
Senile	49	44	5	31	4	5	3	1	—	1.7
With cerebral arterio-sclerosis	112	104	8	96	4	1	1	2	—	1.2
General paralysis	64	55	9	33	11	4	2	—	5	2.4
With cerebral syphilis	15	12	3	6	2	3	—	1	—	2.3
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	1	—	1	—	—	—	—	—	1.0
With other brain or nervous diseases	22	18	4	14	3	—	—	1	—	1.6
Alcoholic	144	112	32	92	13	3	3	1	—	1.3
Due to drugs and other exogenous toxins	15	12	3	11	1	—	—	—	—	1.1
With pellagra	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	55	49	6	38	4	3	3	—	1	1.7
Manic-depressive	403	368	35	251	59	24	26	7	1	1.7
Involuntional melancholia	61	54	7	39	7	4	3	—	1	1.6
Dementia praecox	478	410	68	245	72	38	35	10	10	2.1
Paranoia or paranoid conditions	66	59	7	44	10	1	1	3	—	1.6
Epileptic psychoses	32	31	1	20	3	1	2	4	1	2.7
Psychoneuroses and neuroses	49	38	11	25	7	4	2	—	—	1.6
With psychopathic personality	35	28	7	16	3	1	6	2	—	2.7
With mental deficiency	73	50	23	26	9	3	10	1	1	2.5
Undiagnosed psychoses	5	5	—	5	—	—	—	—	—	1.0
Without psychoses	50	26	24	13	5	3	3	1	1	2.5
All clinical groups	1,738	1,485	253	1,014	217	98	101	34	21	1.8
Percent	100.0		14.6	58.3	12.5	5.6	5.8	2.0	1.2	

Considering the individual psychoses, the highest average number of times placed on visit is observed in psychoses with psychopathic personality and the epileptic psychoses, with an average of 2.7. This is followed by psychoses with mental deficiency and cases without psychoses, 2.5; general paresis, 2.4; psychoses with cerebral syphilis, 2.3; and dementia praecox, 2.1. The lowest average number of times out on visit are observed in undiagnosed psychoses and psychoses with brain tumor, 1.0; psychoses due to drugs, 1.1; cerebral arteriosclerosis, 1.2; alcoholic psychoses, 1.3; and traumatic psychoses, 1.4. In comparing these averages for the different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of the patients. Obviously, patients with psychoses which average long periods of hospital residence will have more opportunity to leave the institution on visit.

INFLUENCE OF ECONOMIC STATUS UPON THE DISCHARGE RATE

Table 49 demonstrates the influence of economic status upon the discharge rate of first admissions and readmissions who left the institution during 1933. For example, we had a total of 4,229 dependent cases under treatment during 1933. This number includes the resident population at the end of the year, plus all discharges and deaths that occurred during the year. It will be noted that 212 cases were discharged, giving a discharge rate of 50. per 1,000 cases under treatment. The same method is used in presenting discharge rates for the other economic groups.

Among the first admissions, the discharge rate for the dependent group was 70. cases per 1,000 under treatment. For the marginal group, the rate was 125.; and for the comfortable group, 119. The readmissions who left the hospital during the year showed a discharge rate of 29. in the dependent group; 34. in the marginal group, and 49. in the comfortable group. Considering both first and readmissions

together, the discharge rate for the dependent group was 50.; for the marginal group, 69.; and for the comfortable group, 83. Taking all discharges as a whole, it is evident that the economic status of the family plays no small part in the matter of discharge, as the marginal and comfortable groups show discharge rates decidedly above the dependent groups in both first and readmissions.

Important sex differences are noted in the dependent first admissions discharged. The rate of 72. for the males is above the rate of 67. for the females. In the marginal group, the males have a discharge rate of 122., and the females a rate of 127. In the comfortable group the males again show the higher discharge rate of 127. as against 114. for the females.

The same situation is observed in the readmissions. The dependent readmissions show a discharge rate of 35. for the males and 22. for the females. Marginal readmissions show a discharge rate of 34. for the males and 35. for the females. Readmissions of the comfortable group show a discharge rate of 61. for the males and 41. for the females. In both first and readmissions, the dependent and comfortable groups show higher discharge rates for the males. The marginal group in both first and readmissions shows a higher discharge rate for the females.

TABLE 49. — *Economic Status of Court First and Readmissions Discharged, 1933, by Sex: Discharge Rates per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment	2,351	1,878	4,229	1,218	934	2,152	1,133	944	2,077
Discharges	128	84	212	88	63	151	40	21	61
Rate per 1,000	54.4	44.7	50.1	72.2	67.5	70.2	35.3	22.2	29.4
Marginal:									
Under Treatment	10,279	9,841	20,120	4,035	3,725	7,760	6,244	6,116	12,360
Discharges	711	690	1,401	495	475	970	216	215	431
Rate per 1,000	69.2	70.1	69.6	122.7	127.5	125.0	34.6	35.3	34.9
Comfortable:									
Under Treatment	550	842	1,392	274	403	677	276	439	715
Discharges	52	64	116	35	46	81	17	18	35
Rate per 1,000	94.5	76.0	83.3	127.7	114.1	119.6	61.6	41.0	49.0
Unknown:									
Under Treatment	177	178	355	99	109	208	78	69	147
Discharges	5	4	9	3	2	5	2	2	4
Rate per 1,000	28.2	22.5	25.4	30.0	18.3	24.0	25.6	29.0	27.2
Total:									
Under Treatment	13,357	12,739	26,096	5,626	5,171	10,797	7,731	7,568	15,299
Discharges	896	842	1,738	621	586	1,207	275	256	531
Rate per 1,000	67.1	66.1	66.6	110.4	113.3	111.8	35.6	33.8	34.7

TIME ON BOOKS, TIME OUT, AND NET TIME WITHIN INSTITUTION OF COURT FIRST AND READMISSIONS DISCHARGED, 1933

From Table 50 we observe that the first admissions discharged during 1933 spent an average of 2.01 years on the books, an average of .92 years out of the institution on visit, etc., leaving a net time of 1.09 years within institutions. The readmissions, on the other hand, were on the books 2.59 years, spent 1.05 years out of the institutions, leaving a net time of 1.54 years within the hospitals. Apparently there is a tendency to a longer period on visit prior to discharge among the readmissions than in the first admissions.

Discussing the State hospitals only, we note that Gardner shows the longest net hospital residence, with a stay of 1.39 years for the first admissions, and 2.12 years for the readmissions. Worcester is second with 1.20 years for the first admissions, and 1.03 for the readmissions. Among the hospitals showing the shorter residences for the first admissions, we have Medfield, with an average of .78 years for first admissions and 1.06 years for readmissions; Foxborough, with .75 years for the first admissions and 3.46 years for readmissions; Grafton with .68 years for first admissions and 4.68 years for readmissions; and the Psychopathic Hospital with .48 years for first admissions and .50 years for the readmissions. We note the

interesting fact that practically all of the institutions listed in Table 50 show a tendency to longer periods of residence for readmissions discharged than first admissions discharged. This would suggest that, as a general rule, when a patient is a first admission his hospital residence is comparatively short, but if the patient tends to be readmitted, the periods of hospital stay tend to increase in length.

TABLE 50. — *Total Time on Books, Total Time Out and Net Time Within Institutions during This Admission of Court First and Readmissions Discharged during 1933, by Hospital*

HOSPITALS	TOTAL DISCHARGES			FIRST ADMISSIONS			READMISSIONS		
	On Books	Out	Net	On Books	Out	Net	On Books	Net	Out
Boston State.	2.30	1.01	1.29	2.00	.88	1.12	2.83	1.54	1.58
Boston Psychopathic	1.51	1.03	.48	1.51	1.03	.48	1.50	1.00	.50
Danvers.	2.06	.96	1.10	1.89	.89	1.00	2.51	1.13	1.38
Foxborough	2.45	1.00	1.45	1.55	.80	.75	5.11	1.65	3.46
Gardner	3.14	1.49	1.65	2.59	1.20	1.39	4.12	2.00	2.12
Grafton	2.53	.77	1.76	1.42	.74	.68	5.54	.86	4.68
Medfield	1.97	1.08	.89	1.64	.86	.78	2.46	1.40	1.06
Metropolitan	2.04	1.13	.91	—	—	—	2.04	1.13	.91
Northampton	1.96	1.06	.90	1.91	1.04	.87	2.11	1.10	1.01
Taunton.	2.10	.88	1.22	2.07	.87	1.20	2.20	.92	1.28
Westborough.	2.05	.94	1.11	1.94	.92	1.02	2.44	1.00	1.44
Worcester	2.17	1.03	1.14	2.24	1.03	1.21	1.94	.91	1.03
Monson	2.16	1.39	.77	2.27	1.39	.88	1.75	1.38	.37
McLean	.98	.27	.71	.79	.26	.53	1.51	.30	1.21
Bridgewater	1.83	.04	1.79	2.05	.04	2.01	.64	—	.64
Tewksbury	4.00	1.33	2.67	4.50	1.40	3.10	1.50	1.00	.50
Veterans' Adm. Fac. No. 107	3.21	.71	2.50	3.48	.58	2.90	3.07	.79	2.28
Veterans' Adm. Fac. No. 95	3.58	.81	2.77	3.63	.80	2.83	3.56	.82	2.74
Total	2.19	.96	1.23	2.01	.92	1.09	2.59	1.05	1.54

Section D. Deaths in Mental Hospitals During the Year 1933

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1933.

DEATHS IN STATE HOSPITALS, 1933; NUMBERS AND PERCENTAGE

In Table 51 we observe that the psychoses with cerebral arteriosclerosis made up 35 per cent of all first admissions who died. The senile group is second with 16.4 per cent. Dementia praecox is in third position with 10.3 per cent. Among the readmissions, dementia praecox makes up 43.4 per cent of all deaths, the manic-depressive psychoses 11.1 per cent, the arteriosclerotic group showing 8.0 per cent, and the epileptic group, 7.1 per cent.

The three groups which are the most important numerically show the following percentages throughout the various forms of admission included under first admissions: psychoses with cerebral arteriosclerosis make up 36.3 per cent of the court deaths, 42.3 per cent of the temporary care deaths, and 36.6 per cent of the observation deaths. The senile group makes up 17.8 per cent of the court deaths, 9.9 per cent of temporary care deaths, and 9.8 per cent of the observation cases who died. Dementia praecox is in third position, making up 11.5 per cent of the court deaths, 1.4 per cent of the temporary care deaths, and 2.4 per cent of the observation cases who died. Thus we see that the psychoses with cerebral arteriosclerosis show the largest percentage of deaths occurring in the court, temporary and observation forms, while the epileptic psychoses show the highest point of 40.0 per cent of deaths among the voluntary cases admitted.

In the readmissions we see that the three most important psychoses are dementia praecox, manic-depressive psychoses, and psychoses with cerebral arteriosclerosis. Dementia praecox cases made up 45.7 per cent of all court admissions who died, and 40.0 per cent of observation admissions who died. Cases with manic-depressive psychoses made up 11.8 per cent of court deaths. The cerebral arteriosclerosis group made up 8.1 per cent of court admissions who died, and 40.0 per cent of observation admissions dying. The epileptic psychoses show 5.5 per cent of the

court deaths and 20.0 per cent of the observation deaths. Among the voluntary cases, the high percentage of 55 per cent is observed in the without psychosis group, with the remainder of the deaths taking place in the epileptic psychoses.

DEATH RATES PER THOUSAND COURT FIRST AND RE ADMISSIONS UNDER TREATMENT,
1933, BY PSYCHOSES AND AGE

In Table 52 we record the death rates of the various psychoses in first and readmissions under treatment during 1933. The total death rate for all first admissions under treatment was 114. This is over four times as high as the rate of 27. observed in the readmissions under treatment.

TABLE 52. — *Death Rates per 1,000 Court First and Readmissions*

<i>First Admissions</i>		<i>Readmissions</i>	
Psychoneuroses and neuroses	11.	Psychoneuroses and neuroses	9.
Paranoia or paranoid conditions	31.	Paranoia or paranoid conditions	14.
Dementia praecox	37.	With mental deficiency	21.
Due to drugs and other exogenous toxins	47.	Dementia praecox	22.
With mental deficiency	49.	Alcoholic	26.
Epileptic psychoses	53.	With psychopathic personality	28.
Alcoholic	55.	Manic-depressive	30.
Manic-depressive	69.	General paresis	32.
Involuntional melancholia	72.	With other brain or nervous diseases	33.
Traumatic	78.	Epileptic psychoses	34.
With psychopathic personality	92.	Involuntional melancholia	41.
With cerebral syphilis	184.	With other somatic diseases	50.
With other brain or nervous diseases	190.	Due to drugs and other exogenous toxins	62.
With Huntington's chorea	200.	With cerebral syphilis	94.
General paresis	222.	With cerebral arteriosclerosis	116.
Senile	293.	Senile	152.
With other somatic diseases	306.		
With cerebral arteriosclerosis	346.		
With brain tumor	545.		
Undiagnosed psychoses	130.	Undiagnosed psychoses	96.
Without psychosis	21.	Without psychosis	11.
All clinical groups	114.	All clinical groups	27.

Death Rate for Massachusetts 1933 — 11. per thousand.

In presenting the death rates for the various psychoses, the lowest death rate is recorded first, while the psychoses with higher death rates follow in order. In the first admissions, the psychoneuroses show the lowest death rate of 11. cases dying per thousand cases of the same psychosis under treatment during 1933. Paranoia is second with a death rate of 31. per thousand under treatment, while dementia praecox is third with a death rate of 37. The highest death rates are observed in general paresis with 222. persons dying per thousand under treatment; the senile group with a rate of 293.; psychoses with other somatic diseases with a rate of 306.; cerebral arteriosclerosis with a rate of 346.; and brain tumor with a rate of 545. We would naturally expect the senile and arteriosclerotic cases to show high death rates as these psychoses fall in the older age groups. However, general paresis, other somatic diseases and brain tumor occur in the younger age groups.

Among the readmissions, the psychoneuroses show the lowest death rate of 9. per thousand under treatment. Paranoia is second with a death rate of 14. Psychoses with mental deficiency is third, with 21, and dementia praecox is fourth, with a rate of 22. The highest rates occur in psychoses with cerebral syphilis, with 94.; cerebral arteriosclerosis, with 116.; and the senile psychoses with 152.

The death rate for the general population of Massachusetts for 1933 was 11.8 per thousand. Thus we see that our death rate of 114. in first admissions is approximately ten times as high as that of the general population. The death rate among readmissions, 27. per thousand, is over twice that observed in the general population. We have two outstanding points here, first, the tremendously high death rate in mental diseases, and secondly, the fact that higher death rates occur in first admissions than in readmissions.

Table 53 presents the death rates for the psychoses in the various age groups for both first and readmissions. The death rates as given in the totals of the preceding table might be influenced by a preponderance of young patients with low death rates, or old patients with high death rates in certain psychoses. However, by dividing the psychoses into separate age groups, we are able to determine the

TABLE 53. — *Death Rates of Court First and Readmissions under Treatment, 1933, by Present Age and Psychoses — Concluded*

PSYCHOSES	DISCHARGE RATES PER 1,000 UNDER TREATMENT											
	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS +		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoneuroses:												
First admissions	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	333.	—	90.	—	—	—	—	—	—
Paranoia												
First Admissions	—	23.	13.	50.	22.	30.	400.	115.	161.	—	—	—
Readmissions	—	11.	7.	—	15.	10.	100.	—	40.	—	166.	111.
Dementia praecox												
First admissions	25.	42.	33.	81.	46.	61.	108.	83.	90.	500.	176.	238.
Readmissions	19.	18.	19.	45.	24.	31.	130.	106.	113.	176.	220.	209.
Due to drugs												
First admissions	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	1,000.	1,000.	—	—	—
Mental deficiency												
First admissions	38.	92.	60.	33.	32.	32.	200.	—	105.	—	500.	333.
Readmissions	9.	49.	28.	38.	27.	31.	166.	90.	125.	—	—	—
Epileptic												
First admissions	48.	20.	33.	87.	74.	80.	142.	300.	235.	—	—	—
Readmissions	52.	37.	45.	33.	85.	61.	250.	71.	153.	—	333.	333.
Alcoholic												
First admissions	35.	—	31.	62.	193.	83.	35.	90.	44.	142.	—	111.
Readmissions	5.	—	4.	26.	54.	31.	120.	130.	122.	—	—	—
Manic-depressive												
First admissions	126.	83.	83.	103.	87.	94.	235.	120.	166.	166.	400.	272.
Readmissions	42.	21.	30.	77.	62.	69.	53.	47.	69.	400.	100.	160.
Involuntal melancholia												
First admissions	122.	51.	74.	—	56.	34.	444.	105.	214.	500.	—	250.
Readmissions	—	49.	36.	121.	48.	81.	—	—	—	—	—	—
Traumatic												
First admissions	—	—	—	166.	1,000.	285.	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality												
First admissions	111.	—	66.	142.	—	62.	1,000.	200.	333.	—	1,000.	1,000.
Readmissions	76.	—	47.	—	—	—	333.	250.	285.	—	—	—

death rates for cases falling within each separate age classification. For example, we can show whether or not dementia praecox cases aged 20-29 years have a greater or less chance of death than cases aged 40-49 years. In Table 53 we present the figures showing the death rates of the various psychoses according to specific age groups, and by first and readmissions.

In the first admissions, the age group 0-19 years shows the lowest death rate of 59. in dementia praecox cases, and the highest rate of 250. in cases with other somatic diseases. In the 20-29 year group, dementia praecox again shows the lowest rate of 27., and brain tumor shows the highest death rate of 1,000. In the group 30-39 years, dementia praecox once more presents the lowest rate of 28., with involutional melancholia showing the high rate of 333. In the age group 40-49 years, the epileptic psychoses and cases with involutional melancholia present the low rate of 20., and brain tumor has the high rate of 1,000. In the 50-59 year group, paranoia shows the lowest rate of 13., and brain tumor shows the highest death rate of 500. In the 60-69 year age group, paranoia has the low death rate of 30., and other brain or nervous diseases has the high rate of 407. In the 70-79 year group the alcoholic psychoses show the low rate of 44., and brain tumor the high rate of 1,000. In the 80 years plus group, the alcoholic again show the lowest rate of 111., and psychopathic personality and other somatic diseases show the high rate of 1,000. each. It will be noted in Table 53 that certain psychoses tend to have high death rates in practically all of the age groups. However, dementia praecox appears to preserve a low death rate in all age groups in comparison with other psychoses. The readmissions are not discussed in detail owing to limitations in space.

Reviewing the total line for first admissions in this table, we note that the age group 0-19 years shows a death rate of 31. per thousand cases under treatment. The 20-29 year age group has a rate of 43.; the 30-39 year group a rate of 50.; the 40-49 year group a rate of 56.; the 50-59 year group a rate of 81.; the 60-69 year group a rate of 155.; the 70-79 year group a rate of 267.; and the 80 years plus group, a rate of 377. Reviewing the total line for readmissions in Table 53, we see much lower death rates in all age groups. Here the 0-19 year group shows a rate of 4.; the 20-29 year group a rate of 13.; the 30-39 year group a rate of 10.; the 40-49 year group a rate of 12.; the 50-59 year group a rate of 22.; the 60-69 year group a rate of 42.; the 70-79 year group a rate of 112.; and the 80 years plus group a rate of 186. per thousand under treatment.

Important sex differences in the death rates are noted within the various age groups. The total death rate for first admissions is 113. for the males and 114. for the females. The males show higher death rates than the females in five of the eight age groups beginning with the age group 40-49 years and upward. In the age group 30-39 years, both sexes present a death rate of 50. In the age groups 0-19, and 20-29 years, the females present definitely higher death rates than the males. The total death rate for readmissions is 26. for the males and 29. for the females. In the age groups from 50 years on, the males present higher death rates than the females. In the age groups 30-39 years and 40-49 years, the females present the higher death rates. Both sexes show a rate of 13. in the 20-29 year group. The males present the highest rate in the 0-19 year age group. Insofar as we commonly expect the males to show higher death rates in all age groups, this material suggests that mental disease is particularly disastrous to females under the age of 40 years. It will be noted that all of these rates are very much higher than the rates observed in the general population.

THE INFLUENCE OF ECONOMIC STATUS ON THE DEATH RATE

Table 54 measures the influence of the economic condition of court first and readmissions upon the death rate. For example, in 1933 we had 4,229 cases of dependent economic status under treatment in the mental hospitals. All of these cases were subject to the chance of dying but only 380 of them did die. This constitutes a death rate of 89. per one thousand under treatment. The same method is used in calculating the death rates in each of the other economic status groups.

TABLE 54. — *Economic Status of Court First and Readmissions who Died, 1933, by Sex: Death Rate per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment . . .	2,351	1,878	4,229	1,218	934	2,152	1,133	944	2,077
Deaths	214	166	380	179	136	315	35	30	65
Rate per 1,000 . . .	91.0	88.4	89.9	147.0	145.6	146.4	30.9	31.8	31.3
Marginal:									
Under Treatment . . .	10,279	9,841	20,120	4,035	3,725	7,760	6,244	6,116	12,360
Deaths	568	582	1,150	415	402	817	153	180	333
Rate per 1,000 . . .	55.3	59.1	57.2	102.9	107.9	105.3	24.5	29.4	26.9
Comfortable:									
Under Treatment . . .	550	842	1,392	274	403	677	276	439	715
Deaths	46	45	91	34	36	70	12	9	21
Rate per 1,000 . . .	83.6	53.4	65.4	124.1	89.3	103.4	43.5	20.5	29.4
Unknown:									
Under Treatment . . .	177	178	355	99	109	208	78	69	147
Deaths	14	19	33	13	17	30	1	2	3
Rate per 1,000 . . .	79.1	106.7	92.9	131.3	156.0	144.2	12.8	29.0	20.4
Total:									
Under Treatment . . .	13,357	12,739	26,096	5,626	5,171	10,797	7,731	7,568	15,299
Deaths	842	812	1,654	641	591	1,232	201	221	422
Rate per 1,000 . . .	63.0	63.7	63.4	113.9	114.3	114.1	26.0	29.2	27.6

Among the first admissions dying during 1933, we note a death rate in the dependent group of 146. cases per one thousand under treatment. The death rate for the marginal group was 105. and for the comfortable group, 103. Among the readmissions dying during 1933, the death rate for the dependent group was 31.; for the marginal group, 26. and for the comfortable group, 29. For first and readmissions considered together, the death rate for the dependent was 89.; for the marginal group, 57. and for the comfortable, 65. In both first and readmissions, the dependent group shows much higher death rates than those of marginal and comfortable status. Among the first admissions, the comfortable group shows the lowest death rate. Among the readmissions, the marginal group shows the lowest death rate. These figures are in marked contrast with the discharge rates which showed their highest rate in the marginal group among the first admissions and in the comfortable group among the readmissions. The deaths show their highest rates in the dependent group for both first and readmissions.

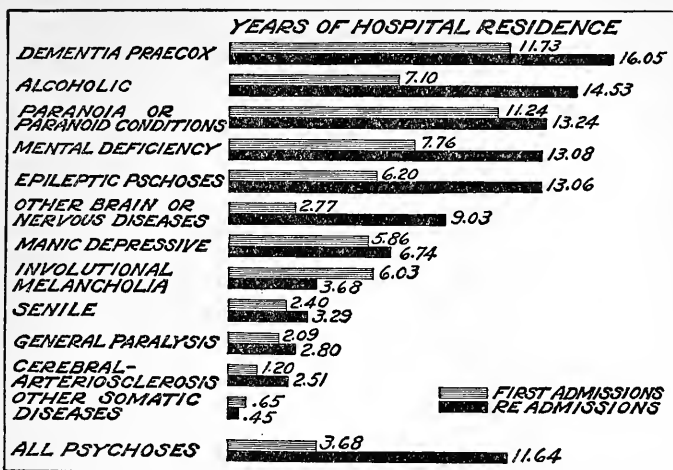
In the first admissions, the dependent group shows a higher rate for the males, 147. than for the females, 145. In the marginal group the females show the higher rate of 107. as against 102. for the males. In the comfortable group, the males show a decidedly higher death rate of 124. as against the rate of 89. for the females. Readmissions who were dependent show a death rate of 30. for the males and 31. for the females. The marginal show a rate of 24. for the males and 29. for the females. The males of the comfortable group again show a decidedly higher death rate with 43. as against a rate of 20. for the females. On the whole, the death rates for the sexes do not vary greatly in either the dependent or marginal groups. However, in the comfortable group, the death rate among the males is 25 per cent higher than that of the females in the first admissions and 53 per cent higher in the readmissions.

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1933, BY PSYCHOSES AND STATUS OF ADMISSION

Table 55 and Graph 5 present interesting data on the length of time that patients with the various psychoses had survived in the hospitals previous to death, both for first admissions and readmissions. The first admissions died after a residence of 3.6 years; 3.8 years for the males and 3.5 years for the females. The readmissions dying survived for a period of 11.6 years during their last admission; 11.2 years for the males and 12.0 years for the females. In addition to this length of time, the readmissions spent a total of 3.89 years in institutions during previous admissions. Thus, considering both of these items together, we observe that these readmissions had been in mental hospitals for a total of 15.5 years previous to death.

TABLE 55. — Average Length of Hospital Stay during Previous Admissions and Present Admission, Patients Dying, 1933;
Court First and Readmissions, by Psychoses

PSYCHOSES	AVERAGE TIME IN YEARS SPENT WITHIN INSTITUTIONS											
	FIRST ADMISSIONS DYING			This Admission			READMISSIONS DYING			All Admissions		
	This Admission			This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With brain tumor . . . . .	.17	—	.17	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	.50	.50	—	.21	.21	—	.29	.29	—	.50	.50
With other somatic diseases . . . . .	.58	.67	.65	1.50	.10	.45	.50	.40	.43	2.00	.50	.88
With cerebral arteriosclerosis	1.15	1.26	1.20	2.72	2.18	2.51	.29	.17	.23	3.01	2.35	2.74
With cerebral syphilis	1.10	1.67	1.34	7.32	10.00	7.79	3.83	23.00	6.09	11.15	33.00	13.88
Traumatic	2.00	1.21	1.40	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses . . . . .	.21	1.77	1.25	—	—	—	—	—	—	—	—	—
General paralysis	2.15	1.91	2.09	2.59	5.00	2.80	.71	3.00	.89	3.30	8.00	3.69
Senile	2.18	2.52	2.40	3.39	3.24	3.29	2.30	1.74	1.93	5.69	4.98	5.22
Psychoneuroses and neuroses	2.50	—	2.50	12.50	—	12.50	—	—	—	12.50	—	12.50
With other brain or nervous diseases	3.38	2.11	2.77	12.50	3.00	9.03	4.76	.84	2.53	17.26	3.84	11.56
With Huntington's chorea	3.39	3.46	3.42	—	—	—	—	—	—	—	—	—
Manic-depressive	4.82	7.12	5.86	3.65	9.83	6.74	2.03	3.71	2.86	5.68	13.54	9.60
Involuntional melancholia	5.09	6.90	6.03	4.45	3.06	3.68	6.36	5.59	5.93	10.81	8.65	9.61
Epileptic psychoses	4.12	8.13	6.20	10.97	14.98	13.06	3.50	2.51	2.98	14.47	17.49	16.04
Alcoholic	6.97	7.54	7.10	13.70	17.19	14.53	5.38	—	3.32	19.08	17.19	17.85
With mental deficiency	10.12	4.73	7.76	15.59	11.42	13.08	7.14	8.89	8.20	22.73	20.31	21.28
Paranoia or paranoid conditions	8.35	13.00	11.24	20.23	9.75	13.24	6.75	1.45	3.22	26.98	11.20	16.46
Dementia praecox	13.72	9.85	11.73	17.15	15.28	16.05	3.67	5.64	4.83	20.82	20.92	20.88
With psychopathic personality	13.25	17.60	15.11	20.23	14.89	17.57	—	.50	.25	20.23	15.39	17.82
All clinical groups	3.81	3.54	3.68	11.23	12.00	11.64	3.26	4.47	3.89	14.49	16.47	15.53



GRAPH 5.—AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION OF FIRST ADMISSIONS AND READMISSIONS DYING—1933

This table presents a rather accurate check on the seriousness of the physical condition which accompanied the patient's mental condition at the time of admission. The shortest average lengths of stay of the first admissions are observed in psychoses with brain tumor, .17 years; psychoses due to drugs, .50 years; psychoses with other somatic diseases, .65 years; with cerebral arteriosclerosis, 1.20 years; with cerebral syphilis, 1.34 years; and the traumatic psychoses, 1.40 years. The longest hospital residences previous to death are observed in the epileptic group, 6.20 years; alcoholic psychoses, 7.10 years; in psychoses with mental deficiency, 7.76 years; paranoia, 11.2 years; and dementia praecox, 11.7 years; and psychoses with psychopathic personality, 15.1 years.

Following the length of residence prior to death among the readmissions in the various psychoses, we observe the interesting fact that the psychoses which show short residences during the first admissions also tend to show short residences during their readmissions. Conversely, the psychoses showing long residences at first admission also tend to show long residences when they become readmissions. While the readmissions remain approximately four times as long within institutions prior to death as the first admissions, the psychoses which carry with them severe physical disturbances show a short period of survival in both admission groups.

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS OF COMMITTED PATIENTS DYING DURING 1933, BY NUMBER OF TIMES ADMITTED

Table 56 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions.

The length of hospital residence of this last admission during which the patient died is the shortest in the case of patients who had only one admission, 3.58 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 9.33 years. When the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 9.51 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 9.16 years. As we note the length of stay for the last admission in the case of six, and seven admissions, we observe a decrease in the length of the last hospital stay during which death occurred. Patients having eight or more admissions showed a duration of hospital residence of 8.50 years, 17.50 years, and 7.75 years, respectively.

TABLE 56. — *Average Net Duration of Hospital Residence during This Admission and All Admissions of Committed Patients Dying during 1933, by Number of Times Admitted*

NUMBER OF TIMES ADMITTED	NUMBER			AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS								
				THIS ADMISSION						ALL ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	530	511	1,041	3.81	3.33	3.58	3.81	3.33	3.58			
Two	194	175	369	8.12	10.66	9.33	9.08	12.55	10.73			
Three	62	72	134	9.72	9.34	9.51	13.28	13.65	13.48			
Four	31	27	58	8.81	9.57	9.16	14.26	14.89	14.55			
Five	18	11	29	10.15	9.52	9.91	15.00	20.36	17.04			
Six	1	7	8	2.50	10.15	9.19	4.50	19.00	17.19			
Seven	3	3	6	3.50	5.28	4.39	20.83	10.83	15.83			
Eight	2	2	4	7.50	9.50	8.50	10.00	33.00	21.50			
Nine	—	1	1	—	17.50	17.50	—	22.50	22.50			
Ten or more	1	3	4	7.50	7.83	7.75	7.50	17.66	15.12			
Total	842	812	1,654	5.57	5.85	5.71	6.47	7.18	6.82			

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest stay for the last admission is noted in the cases dying during the ninth of nine admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 10.73 years. For cases admitted three times, the average length of hospital residence was 13.48 years. For patients admitted four times, the average length of stay was 14.55 years, and so on.

The longest average stay is again observed in cases admitted nine times with an average hospital residence of 22.50 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate to the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1933

Table 57 gives the average length of hospital stay during all admissions, in accordance with the number of times admitted. We note that the average length of stay during each admission for patients with two admissions is 5.36 years. For patients having three admissions, the average length of stay is 4.49 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 3.63 years. In the case of five admissions the patient remained an average of 3.40 years for each of the five admissions.

There is a tendency for the average length of hospital residence for each admission to decrease as the number of times admitted increases.

TIME WITHIN INSTITUTION DURING THIS ADMISSION, ALL COURT FIRST AND READMISSIONS WHO DIED DURING 1933, BY HOSPITAL

Table 58 is arranged in accordance with the length of hospital stay of cases dying during 1933, the hospitals showing the longest average stay coming first in the table.

The total time on the books of all deaths was about 5 years and nine and one-half months. These cases spent approximately one and one-half months out on visit, etc., leaving a net time within the institutions of 5 years and 8 months. The first admissions were on the books for nearly 3 years and 9 months. They spent an average of about one-half month out on visit, etc., leaving a net time within institutions of 3 years and 8 months. The readmissions, on the other hand, remained on the books approximately 11 years and 10 months. They were out of the institutions approximately three months, leaving a net time within institutions of about 11 years and 7 months.

TABLE 57. — *Average Net Duration of Hospital Stay during Each Admission, All Readmissions Dying during 1933*

NUMBER OF TIMES ADMITTED	AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS — ALL ADMISSIONS	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS FOR EACH TIME ADMITTED
Two	10.73	5.36
Three	13.48	4.49
Four	14.55	3.63
Five	17.04	3.40
Six	17.19	2.86
Seven	15.83	2.26
Eight	21.50	2.68
Nine	22.50	2.50
Ten or more	15.12	1.51

The cases who die in institutions show a remarkable short period of time out on visit, etc. It will be recalled that the discharges during the year remained on the books of the institutions a total of 2.19 years, (Table 50), and showed a net time of about 1 year and 3 months. In other words, about 45 per cent of their total time on the books was spent out of the institution on visit, etc. The deaths, on the other hand, only spend $2\frac{1}{2}$ per cent of their total time on the books out of the institution.

Another point which stands out in this table is the marked contrast between the length of time spent in institutions by first admissions and by readmissions. The average net time within institutions for all cases was 5.66 years. The first admissions were in the institution an average of 3.68 years, while the readmissions remained 11.64 years prior to death. Thus, the readmissions who died had remained within the hospital approximately $3\frac{1}{2}$ times as long as the first admissions.

The institutions vary markedly in the length of time spent within the hospital prior to death. The chronic hospitals show the longest net residence. Bridgewater shows a net residence of 17.2 years. The lowest average for the chronic group is seen in the cases at Gardner who had an average stay of 8.40 years. The hospital for epileptics (Monson) shows an average net residence of 6.91 years. The hospitals which show active admission rates and which handle the acute cases show much shorter average residences. The longest stay in this group is seen at Westborough with an average of 4.97 years, and the shortest stay of 3.25 years is observed at Taunton. The Metropolitan Hospital and the Psychopathic are not included in this group as the Metropolitan deals only with readmissions and the Psychopathic has very few court admissions who die. The Veterans' hospitals show short hospital residences of 3.04 years and 2.35 years, respectively.

While the figures of this table show marked variation between the length of hospital residence of cases dying within various institutions, we are not justified in making any dogmatic conclusions owing to the fact that different types of patients are being admitted to these hospitals. The active admitting hospitals are receiving a group of patients, many of whom are acutely ill as well as disturbed mentally. These cases show a high mortality within the first few weeks following admission. The chronic hospitals, on the other hand, receive certain types of patients chiefly by transfer. These have been selected for admission to the chronic hospital because of their excellent physical condition and moderate development of their psychosis. It is to be expected that these patients will survive for long periods of time. The marked difference in hospital residence of the first admissions and readmissions who die is partially explained by the fact that the patients who combined an acute physical condition with a mental disorder have been weeded out at the first admission. This leaves only the better physical specimen to be admitted in later years.

AVERAGE AGE AT DEATH, COURT FIRST ADMISSIONS AND READMISSIONS DYING, 1933, BY PSYCHOSES AND SEX

Table 59 tells us that the average age at death of all cases dying during 1933 was 62.6 years; 61.8 for the males, and 63.5 years for the females. The average age of first admissions dying was 63.1 years. The average age at death of the males was

two years less than that of the females, 62.2 years, as compared with 64.2 years. The average age of readmissions dying was 61.2 years. Here the males averaged .9 years less than the females, 60.7 years, compared with 61.6 years.

TABLE 58. — *Time on Books, Time Out and Net Time Within Institutions During This Admission, Court First and Readmissions Who Died during 1933, by Hospital*

HOSPITALS	TOTAL DEATHS			FIRST ADMISSIONS			READMISSIONS		
	On Books	Out	Net	On Books	Out	Net	On Books	Out	Net
Bridgewater	17.27	.01	17.26	16.75	—	16.75	21.38	.05	21.33
Tewksbury	15.25	.03	15.22	10.89	.03	10.86	20.64	.004	20.63
Grafton	14.97	.12	14.85	7.58	—	7.58	16.08	.14	15.94
Medfield	13.76	.02	13.74	2.60	—	2.60	18.46	.02	18.44
McLean	9.76	—	9.76	9.76	—	9.76	—	—	—
Gardner	8.94	.54	8.40	3.59	.04	3.55	16.15	1.21	14.94
Monson	7.11	.20	6.91	5.60	.15	5.45	10.14	.31	9.83
Westborough	4.99	.02	4.97	4.22	.02	4.20	8.92	.03	8.89
Worcester	4.57	.17	4.40	3.57	.14	3.43	8.60	.29	8.31
Northampton	4.06	.09	3.97	4.07	.08	3.99	3.97	.14	3.83
Foxborough	3.85	.01	3.84	3.15	.002	3.14	6.61	.04	6.57
Danvers	3.85	.10	3.75	3.23	.03	3.20	7.00	.43	6.57
Boston State	3.61	.10	3.51	2.39	.02	2.37	10.57	.56	10.01
Taunton	3.28	.03	3.25	2.87	.03	2.84	6.00	.05	5.95
Veterans Adm. Fac. No. 95	3.04	—	3.04	3.74	—	3.74	2.00	—	2.00
Veterans Adm. Fac. No. 107	2.51	.16	2.35	3.05	.16	2.89	1.64	—	1.64
Metropolitan	2.27	.05	2.22	—	—	—	2.27	.05	2.22
Boston Psychopathic . . . .	.13	—	.13	.13	—	.13	—	—	—
Total	5.81	.15	5.66	3.73	.05	3.68	11.87	.23	11.64

The three psychoses showing the highest average ages at death are the senile, 75.9 years for first admissions and 75.8 for readmissions; psychoses with cerebral arteriosclerosis, 71.4 years for first admissions and 72.5 years for readmissions; and paranoia, with an average of 70.0 years for the first admissions and 66.3 years for the readmissions. The manic-depressive cases who died showed an average age of 56.4 years among the first admissions and 62.8 years in readmissions. Dementia praecox cases who died showed an average age of 50.3 years in first admissions and 59.5 years in readmissions. Among the numerically important psychoses, the lowest average age at death occurs in the epileptic group with 46.0 years among first admissions and 55.2 years among readmissions. Psychoses with mental deficiency show an average of 45.4 years among first admissions and 55.0 years among readmissions. The without psychosis group shows the youngest average age at death, 31.7 years among first admissions, and 35.5 years among readmissions.

From the above table we observe that the cases who die are largely in the older age groups. The average age at death of 62.6 years is over 19 years higher than the average age of cases who were discharged during the year, (43.4 years).

AVERAGE AGE AT DEATH OF COURT FIRST ADMISSIONS AND READMISSIONS DYING, 1933, BY HOSPITAL AND SEX

Table 60 reveals that the average age of the 1,654 cases dying in mental hospitals during 1933 was 62.6 years; 61.8 years for the males, and 63.5 years for the females. The 1,232 first admissions showed an average age at death of 63.1 years, while the 422 readmissions dying showed a slightly lower average age at the time of death, namely, 61.2 years.

Temporarily excluding the institutions with less than 10 deaths, we observe that the highest average age at death is seen at the Tewksbury Infirmary, 66.6 years; first admissions, 64.3 years, and readmissions, 68.4 years. Boston State Hospital shows an average age at death of 65.7 years; 66.5 years for the first admissions and 61.3 years for readmissions. Gardner State Colony shows an average age at death of 65.1 years; 65.7 years for first admissions and 64.3 years for readmissions. In all of the institutions the average ages at death are over 60

TABLE 59. — *Average Age at Death of Court First Admissions and Readmissions Dying During 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	1	3	55.0	65.0	58.3	2	1	3	55.0	65.0	58.3	—	—	—	—	—	—
Senile	82	158	240	75.5	76.1	75.9	75	144	219	75.5	76.1	75.9	7	14	21	75.8	75.8	75.8
With cerebral arteriosclerosis	268	213	481	71.3	71.6	71.4	248	199	447	71.1	71.7	71.4	20	14	34	74.4	69.8	72.5
General paralysis	91	23	114	50.0	47.2	49.4	80	22	102	50.3	46.4	49.5	11	1	12	47.7	65.0	49.1
With cerebral syphilis	15	7	22	58.3	49.2	55.4	8	6	14	58.7	46.6	49.5	7	1	8	57.8	65.0	58.7
With Huntington's chorea	2	1	3	50.0	55.0	51.6	2	1	3	50.0	55.0	51.6	—	—	—	—	—	—
With brain tumor	6	6	12	48.3	—	48.3	6	—	6	48.3	—	48.3	—	—	—	—	—	—
With Huntington's chorea	20	18	38	59.5	44.4	52.3	17	16	33	58.5	45.0	51.9	3	2	5	65.0	40.0	55.0
With other brain or nervous diseases	47	14	61	60.6	65.0	61.6	31	9	40	55.6	61.6	56.9	16	5	21	70.6	71.0	70.7
Alcoholic	—	2	2	—	60.0	60.0	—	1	1	—	—	45.0	45.0	—	1	—	75.0	75.0
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	18	43	61	58.1	50.3	52.6	17	40	57	58.8	50.9	53.3	1	3	4	45.0	41.6	42.5
Manic-depressive	54	49	103	59.1	59.9	59.5	29	24	53	56.3	56.5	56.4	25	25	50	62.4	63.2	62.8
Involutional melancholia	15	17	32	64.8	58.5	61.5	11	12	23	64.8	58.3	61.4	4	5	9	65.0	59.0	61.6
Dementia praecox	148	187	335	53.0	57.6	55.6	69	73	142	48.8	51.8	50.3	79	114	193	56.8	61.3	59.5
Paranoia or paranoid conditions	5	9	14	73.0	65.8	68.4	3	5	8	71.6	69.0	70.0	2	4	6	75.0	62.0	66.3
Epileptic psychoses	23	25	48	49.3	51.4	50.4	12	13	25	45.0	46.9	46.0	11	12	23	54.0	56.3	55.2
Psychoneuroses and neuroses	2	—	2	50.0	—	50.0	1	—	1	35.0	—	35.0	—	—	—	—	—	—
With psychopathic personality	6	5	11	61.6	64.6	63.0	4	3	7	60.0	67.6	63.2	2	2	4	65.0	60.0	62.5
With mental deficiency	28	29	57	49.3	49.8	49.6	18	14	32	44.0	47.1	45.4	10	15	25	59.0	52.3	55.0
Undiagnosed psychoses	1	2	3	65.0	54.0	57.6	1	2	3	65.0	54.0	57.6	—	—	—	—	—	—
Without psychoses	9	9	18	35.3	30.2	32.8	7	6	13	37.9	24.5	31.7	2	3	5	26.2	41.6	35.5
All clinical groups	842	812	1,654	61.8	63.5	62.6	641	591	1,232	62.2	64.2	63.1	201	221	422	60.7	61.6	61.2

TABLE 60. — *Average Age at Death of Court First Admissions and Readmissions Dying, 1933, by Hospital and Sex*

	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
HOSPITALS																		
McLean	4	5	9	71.5	72.6	72.1	4	5	9	71.5	72.6	72.1	—	—	—	—	—	—
Tewksbury	14	26	40	64.2	67.8	66.6	11	7	18	61.3	69.0	64.3	3	19	22	75.0	67.4	68.4
Boston State	125	116	241	63.2	68.4	65.7	103	102	205	63.6	69.5	66.5	22	14	36	61.8	60.5	61.3
Gardner	27	54	81	66.5	63.7	65.1	17	14	31	68.0	62.9	65.7	10	13	23	64.0	64.6	64.3
Northampton	55	73	128	64.0	65.2	64.7	52	61	113	64.5	67.2	66.0	3	12	15	55.0	55.0	55.0
Foxborough	59	41	100	64.0	65.3	64.5	49	31	80	63.4	66.5	64.6	10	10	20	66.6	61.8	64.2
Taunton	95	70	165	63.8	65.2	64.4	82	61	143	63.6	66.6	64.9	13	9	22	65.4	56.1	61.6
Westborough	72	98	170	61.7	65.3	63.8	64	78	142	60.9	66.8	64.2	8	20	28	68.2	59.4	61.9
Medfield	57	51	108	61.6	64.8	63.1	19	13	32	62.0	61.0	61.6	38	38	76	61.4	66.2	63.8
Grafton	31	38	69	65.5	60.8	63.0	4	5	9	67.5	53.0	59.4	27	33	60	65.2	62.0	63.5
Worcester	114	108	222	62.4	61.5	62.0	94	84	178	63.2	60.6	62.0	20	24	44	58.4	64.8	61.9
Danvers	118	131	249	62.4	60.6	61.4	95	113	208	63.5	61.1	62.2	23	18	41	57.8	57.5	57.7
Metropolitan	7	6	13	57.8	53.3	55.7	—	—	—	—	—	—	7	6	13	57.8	53.3	55.7
Bridgewater	26	—	26	55.3	—	55.3	22	—	22	54.0	—	54.0	4	—	4	62.5	—	62.5
Veterans Adm. Fac. No. 95	5	—	5	47.0	—	47.0	3	—	3	51.6	—	51.6	2	—	2	40.0	—	40.0
Boston Psychopathic	3	6	9	55.0	38.3	43.8	3	6	9	55.0	38.3	43.8	—	—	—	—	—	—
Veterans Adm. Fac. No. 107	13	—	13	42.6	—	42.6	8	—	8	42.5	—	42.5	5	—	5	43.0	—	43.0
Monson	17	16	33	32.9	37.9	35.3	11	11	22	31.5	35.6	33.6	6	5	11	35.4	43.0	38.8
All hospitals	842	812	1,654	61.8	63.5	62.6	641	591	1,232	62.2	64.2	63.1	201	221	422	60.7	61.6	61.2
Per cent	100.0	100.0	100.0				76.1	72.8	74.5				23.9	27.2	25.5			

years until we reach the Metropolitan Hospital which shows an average of 55.7 years. The Monson State Hospital, (epileptic) shows the low average age at death of 35.3 years; 33.6 years for first admissions and 38.8 years for readmissions. In 12 of these institutions the average ages at death are over 60 years. Two institutions fall in the age group 50-59 years, three hospitals in the group 40-49 years, and but one hospital in the 30-39 year group. In the mental hospitals as well as in the general population we see the higher proportion of deaths occurring in the older age groups.

Section E. Resident Population of Mental Hospitals on September 30, 1933

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1933. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1933. On that date there were 22,704 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, U. S. Veterans' Hospitals Nos. 95 and 107, and McLean Hospital. Eleven thousand, six hundred and nineteen of these were males, and 11,085 were females.

In the following discussion concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

FORM OF ADMISSION AND PSYCHOSES OF FIRST AND READMISSIONS IN RESIDENCE IN STATE HOSPITALS ON SEPTEMBER 30, 1933

It is important that we know the exact status of patients resident in State hospitals at the end of a statistical year. Table 61 and Graph 6 gives us this information for both first and readmissions. Thus, on that date we observe that 8,358 first admissions were in residence in our State hospitals: 4,364 males and 3,994 females. Of these numbers 7,548 were held under court commitment, 29 on temporary care status, 143 on observation status, and 638 on voluntary status. In the court cases there are approximately 300 more males than females. The temporary care admissions are about the same for each sex, while the observation cases again present a predominance of males. The voluntary cases, however, show a greater number of females. In the court commitments in residence, the dementia praecox, psychoses with cerebral arteriosclerosis, the alcoholic psychoses and psychoses with mental deficiency show the largest relative proportions. In the temporary care group dementia praecox and the undiagnosed group show the largest number. In the observation cases dementia praecox and cases without psychosis show the largest proportion. In the voluntary group we note the interesting fact that the epileptic psychoses and the without psychosis groups provide 98 per cent of cases.

There were 14,346 readmissions in residence; 7,255 males and 7,091 females. Thirteen thousand, nine hundred and eighty of these are held under court commitment; 7 on temporary care status; 123 on observation status, and 236 on voluntary status. Again the males predominate in the court and observation admissions, while the females show larger proportions in the voluntary cases in residence. Among the court readmissions in residence we note that dementia praecox with 58 per cent, the manic-depressive with 10 per cent, mental deficiency with 7 per cent, and the alcoholic group with 5 per cent show the largest proportions of cases in residence. In the temporary care group the manic-depressive psychoses show the largest proportions. Among the observation cases dementia praecox, mental deficiency and the cases without psychosis show the largest proportions. In the voluntary group again we see the epileptic psychoses and the without psychosis

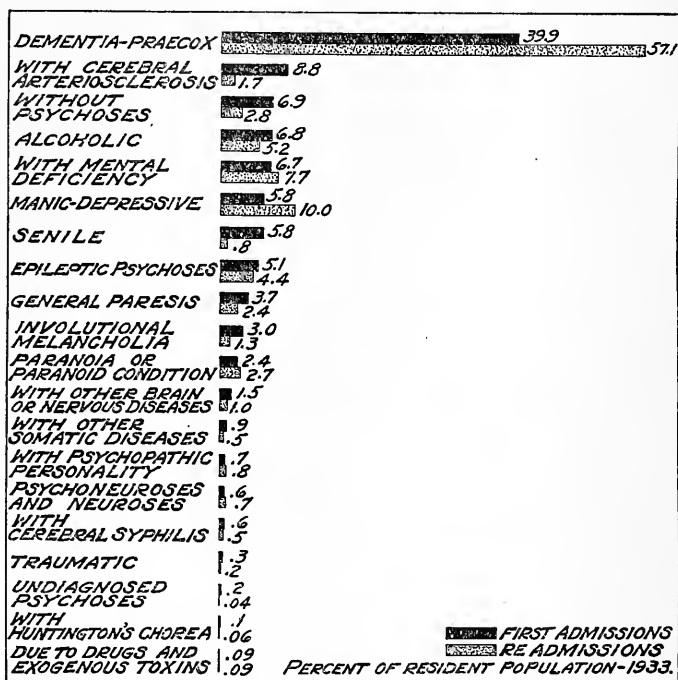
TABLE 61. — All First and Readmissions Resident in State Hospitals on September 30, 1933, by Form of Admission and Psychoses.
Number and Percentage Distribution — Concluded

Readmissions

PSYCHOSES	TOTAL			COURT			TEMPORARY CARE			OBSERVATION			VOLUNTARY		
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.
Traumatic	30	81	31	.2	30	81	31	.2	—	—	—	—	—	—	—
Senile	30	81	111	.8	30	81	111	.8	—	—	—	—	—	—	—
With cerebral arteriosclerosis	119	133	252	1.7	119	133	252	1.8	—	—	—	—	—	—	—
General paralysis	276	63	339	2.4	275	63	338	2.4	—	—	—	.8	—	—	—
With cerebral syphilis	56	17	73	.5	55	17	72	.5	1	1	1	.8	—	—	—
With Huntington's chorea	4	9	10	.06	3	6	9	.06	1	1	1	.8	—	—	—
With brain tumor	—	1	1	.005	—	1	1	.007	—	—	—	—	—	—	—
With other brain or nervous diseases	85	54	139	1.0	84	54	138	1.0	—	—	—	.8	—	—	—
Alcoholic	608	131	739	5.2	592	130	722	5.2	1	1	13	10.6	3	—	1.3
Due to drugs and other exogenous toxins	—	6	13	.09	6	6	12	.08	—	—	—	.8	—	—	—
With pellagra	—	1	1	.005	—	1	1	.007	—	—	—	—	—	—	—
With other somatic diseases	29	41	70	.5	29	41	70	.5	—	—	—	—	—	—	—
Manic-depressive	557	881	1,438	10.0	547	871	1,418	10.1	2	2	7	5.7	5	6	11
Involutional melancholia	55	138	193	1.3	55	138	193	1.4	—	—	—	—	—	—	—
Dementia praecox	4,053	4,135	8,188	57.1	3,999	4,128	8,127	58.1	1	1	7	14.3	4	—	4
Paranoia or paranoid conditions	134	255	389	2.7	128	255	383	2.7	—	—	—	4.9	—	—	—
Epileptic psychoses	325	308	633	4.4	286	259	545	3.9	1	1	1	14.3	37	49	86
Psychoneuroses and neuroses	33	62	95	.7	31	60	91	.7	—	—	—	.8	—	—	—
With psychopathic personality	63	58	121	.8	58	58	116	.8	—	—	—	—	—	—	—
With mental deficiency	561	542	1,103	7.7	548	538	1,086	7.8	—	—	—	2.4	2	—	2
Undiagnosed psychoses	6	2	8	.04	5	2	7	.05	—	—	—	13.0	1	—	1
Without psychoses	224	175	399	2.8	149	108	257	1.8	1	1	15	12.2	64	62	126
All clinical groups	7,255	7,091	14,346	100.0	7,029	6,951	13,980	100.0	4	3	7	100.0	117	119	236

groups showing approximately 90 per cent of the voluntary readmissions in residence.

Ninety per cent of the first admissions in residence were court cases, while 97 per cent of the readmissions were court cases. Temporary care cases in residence made up .35 per cent of the first admissions and .05 per cent of readmissions. Observation cases comprised 1.71 per cent of the first admissions and .86 per cent of the readmissions. The voluntary cases presented 7.6 per cent of resident first admissions, and 1.6 per cent of resident readmissions.



GRAPH 6. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1933, BY PSYCHOSES; PERCENTAGE DISTRIBUTION

ECONOMIC STATUS OF COURT ADMISSIONS, DISCHARGES AND DEATHS, 1933, AND RESIDENT POPULATION ON SEPTEMBER 30, 1933, FIRST AND READMISSIONS

In Table 62 we attempt a resume of the part played by economic status in connection with admissions, discharges, deaths and the resident population. In discussing the admissions we note that *first admissions* for the year 1933 showed 24 per cent of cases in the dependent group. Among the discharges for the same year, however, the dependent group made up but 12 per cent. Among the deaths this group was observed to the extent of 25 per cent while they made up 20 per cent of the first admissions in the resident population. It is striking here that the percentage of discharges in the dependent group is so small in comparison with the admissions for the year, 12 per cent as against 24 per cent.

The marginal economic group made up 68 per cent of first admissions, and 80 per cent of the first admissions discharged during the year. This economic group comprised 66 per cent of all deaths for the year, and made up 71 per cent of the resident population. Thus, the marginal economic group shows a higher proportion of discharges than of first admissions during the year. It also shows a high proportion in the resident population.

The comfortable economic group made up 4 per cent of first admissions, 6 per cent of first admissions discharged, 5 per cent of the deaths, and 6 per cent of the resident population. We note that they have a high discharge percentage in com-

parison with their percentage of first admissions, and they show a relatively high proportion in the resident population.

TABLE 62. — *Economic Status of Court Admissions, Discharges and Deaths, 1933, and Resident Population on September 30, 1933, First and Readmissions, by Sex; Numbers and Percentages.*

ECONOMIC STATUS	FIRST ADMISSIONS, 1933						READMISSIONS, 1933					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Admissions</i> ¹												
Dependent	446	341	787	26.3	22.2	24.4	95	68	163	24.4	17.5	21.0
Marginal	1,144	1,065	2,209	67.5	69.5	68.4	280	294	574	71.8	75.8	73.8
Comfortable	69	79	148	4.1	5.2	4.6	14	22	36	3.6	5.7	4.6
Unknown	35	48	83	2.1	3.1	2.6	1	4	5	.2	1.0	.6
Total	1,694	1,533	3,227	100.0	100.0	100.0	390	388	778	100.0	100.0	100.0
<i>Discharges</i> ¹												
Dependent	88	63	151	14.2	10.8	12.5	40	21	61	14.5	8.2	11.5
Marginal	495	475	970	79.7	81.1	80.4	216	215	431	78.6	84.0	81.2
Comfortable	35	46	81	5.6	7.8	6.7	17	18	35	6.2	7.0	6.6
Unknown	3	2	5	.5	.3	.4	2	2	4	.7	.8	.7
Total	621	586	1,207	100.0	100.0	100.0	275	256	531	100.0	100.0	100.0
<i>Deaths</i> ¹												
Dependent	179	136	315	27.9	23.0	25.6	35	30	65	17.4	13.6	15.4
Marginal	415	402	817	64.8	68.0	66.3	153	180	333	76.1	81.4	78.9
Comfortable	34	36	70	5.3	6.1	5.7	12	9	21	6.0	4.1	5.0
Unknown	13	17	30	2.0	2.9	2.4	1	2	3	.5	.9	.7
Total	641	591	1,232	100.0	100.0	100.0	201	221	422	100.0	100.0	100.0
<i>Resident Population</i>												
Dependent	951	735	1,686	21.8	18.4	20.2	1,058	893	1,951	14.6	12.6	13.6
Marginal	3,125	2,848	5,973	71.6	71.3	71.5	5,875	5,721	11,596	81.0	80.7	80.8
Comfortable	205	321	526	4.7	8.0	6.3	247	412	659	3.4	5.8	4.6
Unknown	83	90	173	1.9	2.3	2.0	75	65	140	1.0	.9	1.0
Total	4,364	3,994	8,358	100.0	100.0	100.0	7,255	7,091	14,346	100.0	100.0	100.0

¹Includes first and readmissions by regular court commitment.

Now we turn to the *readmissions* and make these same comparisons throughout the groups concerned. Readmissions for the year 1933 showed 21 per cent in the dependent group while but 11 per cent of readmissions in the dependent group were discharged. They made up 15 per cent of the deaths, and 13 per cent of the resident population. Again we observe that the dependent readmissions have a low percentage in the discharges as compared with their percentage of admissions. They also are low in the cases retained in the resident population. The economic group "marginal" shows 73 per cent of readmissions for the year, 81 per cent of readmissions discharged, 78 per cent of deaths, and 80 per cent of the resident population. As in the case of the first admissions, the readmissions in the marginal group also show a high proportion among the discharges, and a high proportion in the resident population. The economic group "comfortable" reveals 4 per cent in readmissions for the year; 6 per cent in the readmissions discharged, 5 per cent in the deaths, and 4 per cent in the resident population. Apparently readmissions of comfortable status have a high proportion of discharges and a rather low proportion remaining in the resident population.

Reviewing this material, we note that the tendency is for the dependent group to have a low proportion of cases discharged. On the other hand, the marginal and comfortable group show high proportions of cases discharged in comparison with admissions of the same status. In both first and readmissions the economic group "dependent" does not show any great tendency to accumulate in the resident population, this accumulation apparently coming from the "marginal" group. The "comfortable" group shows a great tendency to accumulate among the first admissions in residence, but no such tendency is observed among the readmissions in residence.

PERCENTAGE DISTRIBUTION OF CERTAIN PSYCHOSES AMONG ADMISSIONS, DISCHARGES, DEATHS, 1933, AND RESIDENT POPULATION ON SEPTEMBER 30, 1933

In Table 63 we divide the admissions, discharges, deaths and resident population for the year into first and readmissions, and then compare the percentage distribution of the psychoses within these separate divisions. Insofar as the percentages of psychoses in first admissions tend to be the same from year to year, we have a means here of comparing the outcome of some of the specific psychosis groups. Dementia praecox made up nearly 23 per cent of first admissions during 1933. It made up 26 per cent of discharges and 11 per cent of deaths for the same year. Thus, we see that dementia praecox has an unexpected high discharge rate and a very low death rate. However, in the resident population we see that this psychosis comprises almost 40 per cent of resident cases. Apparently the low death rate of previous years has resulted in considerable retention and we have dementia praecox cases in our institutions in unusual proportions.

TABLE 63. — *Admissions, Discharges, Deaths, 1933, and Resident Population on September 30, 1933, First and Readmissions, by Certain Psychoses: Percentage Distribution*

	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION	
	First Admissions 1933	Readmissions 1933	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
Sende	7.4	1.9	3.6	1.1	17.8	5.0	5.8	.8
With cerebral arterio.	20.2	5.6	8.8	1.1	36.3	8.1	8.8	1.8
General paralysis	6.4	2.4	4.0	3.0	8.3	2.8	3.7	2.4
Alcoholic	6.3	5.1	9.2	6.2	3.2	5.0	6.8	5.2
With other somatic diseases	3.4	1.3	4.1	.9	4.6	.9	.9	.5
Manic-depressive	12.0	28.5	18.6	33.5	4.3	11.8	5.8	10.0
Involuntional melancholia	2.4	2.0	3.8	2.8	1.9	2.1	3.0	1.3
Dementia praecox	22.9	36.9	26.1	30.7	11.5	45.7	39.9	57.0
Paranoia or paranoid conditions	2.8	2.5	3.9	3.6	.6	1.4	2.4	2.7
Epileptic psychoses	1.6	2.1	1.7	2.1	2.0	5.5	5.1	4.4
With mental deficiency	4.0	3.4	4.0	4.7	2.6	5.9	6.7	7.7
Without psychoses	1.9	1.9	2.6	3.6	1.1	1.2	6.9	2.8
All other psychoses	8.7	6.4	9.6	6.7	5.7	4.4	4.2	3.4
All clinical groups	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹First and readmissions by regular court commitment.

The manic-depressive psychoses present a marked contrast in reference to first admissions. This psychosis makes up 12 per cent of first admissions for 1933, 18 per cent of discharges, but 4 per cent of deaths, and only 5 per cent of the resident population. Thus, we see that this psychosis has a high discharge rate, a low death rate, and a low retention rate. Psychoses with cerebral arteriosclerosis made up 20 per cent of first admissions during 1933. It also comprised 8 per cent of discharges, 36 per cent of deaths and 8 per cent of the resident population. This psychosis has a low discharge rate but an extremely high death rate, and a little tendency towards retention within institutions.

We will now discuss these same psychoses in the readmissions. Dementia praecox made up nearly 37 per cent of readmissions during 1933, 30 per cent of the discharges, 45 per cent of the deaths, and 57 per cent of the resident population. Readmissions with this psychosis apparently have a low discharge rate, and a higher death rate. In this case the smaller numbers of discharges apparently tend to have an accumulative effect as we see 57 per cent of dementia praecox cases in the resident readmissions as compared with 36 per cent of the readmissions admitted for the year. The manic-depressive group made up 28 per cent of readmissions during 1933. It also comprised 33 per cent of the discharges, 11 per cent of the deaths, and 10 per cent of the readmitted cases in the resident population. The manic group apparently has a high discharge rate and a low death rate, and no tendency to accumulation among readmissions. Psychoses with cerebral arterio-

TABLE 64. — *Marital Status of Admissions, Discharges and Deaths, 1933, and First and Readmissions in the Resident Population, September 30, 1933, by Sex*

MARITAL STATUS	ADMISSIONS, 1933 ¹						DISCHARGES, 1933 ¹									
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS						
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%				
				%				%				%				
Single	714	514	1,228	38.1	195	142	337	43.3	278	100	468	38.8	150	91	241	45.4
Married	686	606	1,292	40.0	149	169	318	40.9	279	302	581	48.1	102	135	237	44.6
Widowed	225	362	587	18.2	22	60	82	10.5	40	75	115	9.5	15	21	36	6.8
Divorced	35	27	62	1.9	15	10	25	3.2	15	10	25	2.1	3	7	10	1.9
Separated	26	23	49	1.5	7	7	14	1.8	8	9	17	1.4	5	2	7	1.3
Unknown.	8	1	9	.3	2	—	2	.3	1	—	1	.1	—	—	—	—
Total	1,694	1,533	3,227	100.0	390	388	778	100.0	621	586	1,207	100.0	275	256	531	100.0

MARITAL STATUS	DEATHS, 1933 ¹						RESIDENT POPULATION									
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS						
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%				
				%				%				%				
Single	215	163	378	30.7	100	97	197	46.7	2,605	1,914	4,519	54.1	5,055	3,600	8,655	60.4
Married	262	169	431	35.0	75	76	151	35.8	1,262	1,326	2,588	31.0	1,717	2,558	4,275	29.8
Widowed	136	235	371	30.1	22	39	61	14.5	350	632	982	11.7	241	624	865	6.0
Divorced	15	15	30	2.4	4	7	11	2.6	72	77	149	1.8	131	172	303	2.1
Separated	7	9	16	1.3	—	2	2	.4	50	45	95	1.1	89	131	220	1.5
Unknown	6	—	6	.5	—	—	—	—	25	—	25	.3	22	6	28	.2
Total	641	591	1,232	100.0	201	221	422	100.0	4,364	3,994	8,358	100.0	7,255	7,091	14,346	100.0

¹Includes cases on regular court commitment only.

¹Includes cases on regular court commitment only.

sclerosis made up but 5 per cent of readmissions during 1933. They comprised 1 per cent of discharges, 8 per cent of deaths, and 1 per cent of readmissions in the resident population. As far as readmissions are concerned, this psychosis has a very low discharge rate, a high death rate, and a low rate of retention within institutions. Pursuing the same method for the separate psychotic groups we see the tendencies of each group in the matter of discharge rates, death rates and retention rates.

MARITAL STATUS OF ADMISSIONS, DISCHARGES AND DEATHS, 1933, AND THE
RESIDENT POPULATION ON SEPTEMBER 30, 1933, BY FIRST ADMISSIONS AND
READMISSIONS, AND SEX

In Table 64 we study the relationship between the marital status of admissions, discharges, deaths and the resident population. We observe that individuals who were "single" made up 38 per cent of the first admissions for the year. They made up 38 per cent of the discharges, 30 per cent of the deaths, and 54 per cent of the first admissions in the resident population for that year. Those who are single evidently show a discharge rate equal to the admission rate. In the deaths, however, they present a lower rate, and also show a marked tendency to retention within the institution. They comprised 38 per cent of the first admissions for the year, but 54 per cent of the first admissions in residence at the end of the year.

The married group presented 40 per cent of first admissions during the year, 48 per cent of the discharges, 35 per cent of the deaths, and 31 per cent of the resident population. It is evident then that the married group present a high discharge rate, a low death rate, and little tendency to retention within the institution. The widowed group made up 18 per cent of first admissions for the year, 9 per cent of discharges, 30 per cent of deaths, and 11 per cent of the resident population. The widowed group apparently have a low discharge rate, a very high death rate, and little tendency towards retention within institutions. Among the first admissions, those who are married make the best showing in that they have a high discharge rate, a low death rate and a low retention rate. Those who are single show an extremely high retention rate, as they make up 54 per cent of all first admissions in the resident population.

Turning to the readmissions, we see that those who were single made up 43 per cent of readmissions during 1933. They comprised 45 per cent of the discharges, 46 per cent of the deaths, and 60 per cent of the readmissions in the resident population. Thus, the readmissions who are single show discharge and death rates which match the admission rate, but also reveal a very high proportion in the resident population. The married group made up 40 per cent of the readmissions during 1933. They comprised 44 per cent of the discharges, 35 per cent of the deaths, and 29 per cent of the resident population. Again the married readmissions show the same tendency as was observed among first admissions. They have a high discharge rate, a low death rate, and little tendency to retention within hospitals. The widowed readmissions also show the same characteristics that were seen in the first admissions. They present a low discharge rate, a high death rate, and little tendency to retention within institutions.

This table shows quite definitely that persons who are married or single present entirely different outcomes. The married show a high discharge rate, low death rate, and a lesser tendency to retention, while the single show a very marked tendency to retention within institutions.

AVERAGE ADMISSION AGE OF ADMISSIONS, DISCHARGES AND DEATHS DURING
1933 COMPARED WITH THE AVERAGE ADMISSION AGE AND PRESENT AGE OF
THE RESIDENT POPULATION SEPTEMBER 30, 1933, BY PSYCHOSES

In Table 65 we compare the admission age of first and readmissions during 1933 with the admission age of first and readmissions of discharges and deaths during 1933. We also compare these figures with the admission age of first and readmissions in the resident population.

In discussing the first admissions, we observe that the admission age of first admissions during 1933 was 49.0 years. The admission age of cases discharged during that same year was 41.9 years. The admission age of first admissions dying during 1933 was 59.9 years, and the admission age of first admissions in the

TABLE 65. — *Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1933, Compared with Average Age of the Resident Population September 30, 1933, by Psychoses*

PSYCHOSES	AGE AT ADMISSION				RESIDENT POPULATION			
	ADMISSIONS, 1933 ¹		DISCHARGES, 1933 ¹		DEATHS, 1933 ¹		FIRST ADMISSION	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	Age at Admission	Present Age
Traumatic	44.5	35.0	51.3	55.0	58.3	—	44.0	49.8
Senile	75.0	73.0	70.9	68.3	74.4	72.6	71.7	72.8
With cerebral arteriosclerosis	69.8	68.3	66.4	63.3	70.9	70.6	68.6	67.2
General paralysis	46.1	48.2	41.9	38.8	47.8	45.0	45.7	46.4
With cerebral syphilis	46.9	45.0	43.2	42.5	52.9	52.5	47.3	49.7
With Huntington's chorea	65.0	60.0	—	—	41.7	—	51.8	43.0
With brain tumor	55.0	—	55.0	—	48.3	—	50.0	55.0
With other brain or nervous diseases	45.7	40.5	32.9	42.5	49.8	47.0	47.5	52.0
Alcoholic	48.0	51.6	45.1	46.8	50.5	55.5	40.0	42.9
Due to drugs and other exogenous toxins	45.2	55.0	51.2	60.0	45.0	75.0	47.6	52.9
With pellagra	—	—	—	—	—	—	49.2	50.3
With other somatic diseases	46.2	46.0	40.5	33.0	53.3	42.5	48.3	53.0
Manic-depressive	40.8	48.6	39.8	42.8	50.3	56.4	49.0	46.6
Involutional melancholia	53.1	54.4	50.3	50.3	50.3	56.4	53.9	50.5
Dementia praecox	34.4	38.8	32.9	34.0	39.0	43.3	35.1	59.3
Paranoia or paranoid conditions	48.3	51.0	47.6	50.8	58.8	57.4	46.0	47.9
Epileptic psychoses	35.7	42.1	31.9	45.0	38.7	42.1	33.7	56.0
Psychoneuroses and neuroses	36.9	43.8	36.0	36.3	25.0	55.0	42.8	43.4
With psychopathic personality	34.2	36.1	37.6	35.7	47.9	42.7	39.8	42.8
With mental deficiency	33.2	38.9	30.7	36.6	38.4	40.5	39.6	41.6
Undiagnosed psychoses	39.8	25.0	47.0	—	35.8	—	44.6	44.2
Without psychoses	30.1	40.3	34.8	36.4	28.1	—	37.5	41.2
All clinical groups	49.0	46.0	41.9	41.2	59.9	49.5	42.4	48.6

¹Includes cases on regular court commitment only.

resident population was 42.4 years. Among the first admissions we note that the age of discharges is practically eight years less than that of the admissions for the year. The admission age of first admissions in the resident population is about seven and a half years less. However, when we come to the deaths we see that the admission age of persons dying during 1933 was over ten years higher than that of the admissions.

The admission age of readmissions admitted during 1933 was 46.0 years. Readmissions discharged during 1933 had an average admission age of 41.2 years. Cases dying during 1933 had an average admission age of 49.5 years. Readmission cases in the resident population on September 30, 1933 had an average admission age of 39.8 years. Now among the readmissions we see a little different situation than was observed in the first admissions. The average age at admission of readmissions was 46 years. The average admission age of readmissions discharged during the year is approximately five years less, while the admission age of readmissions in the resident population is nearly six years lower than the admission age. The admission age of readmissions dying is approximately three and a half years higher than that of the readmissions admitted during the year. We observe that among the readmissions the resident population is selected from cases admitted in the younger ages, while in the first admissions the cases who were discharged seem to be selected from the younger admission ages.

Table 65 presents this material by psychosis and by sex, but the limitations of space prevent a full discussion of the various psychoses. In general, we may say from these results that the first admissions coming in each year will divide themselves into three groups. The older admission ages will be recorded among the deaths, and the lower admission ages will make up the cases, (a) in the resident population, and (b) cases discharged. In the first admissions, the cases discharged are apparently collected from the lowest admission ages. When we come to the readmissions we find, however, that a little different situation exists. Here the cases showing older admission ages go to make up the deaths. The cases admitted at younger ages are divided differently. Of these younger admission age groups, the older cases are among the discharges and the younger cases are apparently retained and take a place in the resident population. In other words, the readmissions show that the youngest cases are those which go to make up the resident population and to be retained in institutions for long periods of time.

AVERAGE AGE AT ADMISSION, AT DISCHARGE, AND AT DEATH OF COURT CASES,
1933, COMPARED WITH AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE
OF RESIDENT POPULATION SEPTEMBER 30, 1933, BY FIRST AND READ-
MISSIONS AND BY HOSPITAL

In Table 66 we present data for each of the institutions in reference to age at admission, at discharge, at death, and the age of the resident population. This is divided into first and readmissions to aid in making comparisons.

For 1933 the average age at admission of first admissions was 49.0 years. The average age of first admissions discharged was 43.5 years, and that of the deaths, 63.1 years. In this section we see the discharges leaving the hospital at very much younger ages than the admissions, while the deaths show vastly higher average ages. If we turn to the resident population we see that the first admissions in residence had an admission age of 42.4 years, and that the present age of these first admissions is 50.3 years. This shows that the first admissions in residence were admitted at an age approximately 7 years less than that of the first admissions for the same year.

The readmissions for the year 1933 had an average admission age of 46.0 years. The readmissions discharged showed an average age of 43.3 years, and the readmissions dying showed an average age of 61.2 years. Turning to the resident population, the readmissions in residence showed an average admission age of 39.8 years, and the same cases show an average present age of 48.6 years. Thus we observe that the readmissions in residence had an admission age which is six years less than that of the readmissions during the year 1933.

The State hospitals vary widely in admission ages of first admissions, Boston State showing the highest average of 54.8 years, and Monson showing the low age of 23.5 years. Among the readmissions to the State hospitals, Grafton shows the

TABLE 66. — *Average Age at Admission, Average Age at Discharge, and Average Age at Death of Court Cases, 1933, Compared with Average Age of the Resident Population September 30, 1933, by Hospital*

HOSPITALS	ADMISSIONS, 1933 ¹		DISCHARGES, 1933 ¹		DEATHS, 1933 ¹		RESIDENT POPULATION			
	Admission Age First Admissions	Admission Age Read- missions	Age at Discharge First Admissions	Age at Discharge Read- missions	Age at Death First Admissions	Age at Death Read- missions	FIRST ADMISSIONS		READMISSIONS	
							Age at Admission	Present Age	Age at Admission	Present Age
Boston State	54.8	47.8	48.2	44.0	66.5	61.3	52.0	60.5	39.7	47.7
Boston Psychopathic	37.6	37.2	35.7	45.0	43.8	—	39.2	39.2	34.7	34.7
Danvers	49.1	45.9	41.7	44.8	62.2	57.7	43.0	50.4	40.6	47.5
Foxborough	45.4	45.0	40.6	41.9	64.6	64.2	47.6	52.0	38.7	46.7
Gardner	40.3	43.4	41.9	46.5	65.7	64.3	46.7	51.1	38.7	50.6
Grafton	48.2	48.3	41.8	43.5	59.4	63.5	44.1	50.4	40.5	53.8
Medfield	47.4	46.0	49.7	43.3	61.6	63.8	49.6	54.1	40.2	53.6
Metropolitan	—	—	—	42.8	—	55.7	—	—	44.5	46.8
Northampton	49.1	47.0	44.6	42.9	66.0	55.0	43.3	49.8	42.7	49.9
Taunton	52.0	47.4	44.4	41.9	64.9	61.6	45.6	54.0	42.5	50.2
Westborough	48.8	47.5	43.5	48.4	64.2	61.9	48.3	56.2	42.8	49.4
Worcester	49.2	47.7	44.2	42.2	62.0	61.9	43.8	52.3	41.3	48.9
Monson	23.5	—	27.7	37.5	33.6	38.8	25.6	31.8	27.3	35.7
McLean	43.3	43.6	46.6	31.3	72.1	—	47.6	59.4	46.0	55.3
Bridgewater	35.6	42.5	36.3	43.0	54.0	62.5	35.3	49.9	43.0	48.5
Tewksbury	—	—	37.5	35.0	64.3	68.4	40.9	54.0	40.0	55.8
Veterans Adm. Fac. No. 107	42.9	40.3	40.9	39.4	42.5	43.0	34.7	40.3	37.1	40.3
Veterans Adm. Fac. No. 95	42.1	41.1	42.5	39.7	51.6	40.0	35.3	39.1	34.1	24.3
All Hospitals	49.0	46.0	43.5	43.3	63.1	61.2	42.4	50.3	39.8	48.6

¹Includes cases on regular court commitment only.

highest average admission age of 48.3 years, and the Psychopathic Hospital shows the lowest average of 37.2 years.

In the first admissions discharged Medfield shows the highest average age of 49.7 years, while Monson shows the low average of 27.7 years. In the readmissions discharged Westborough shows the highest average age of 48.4 years, and Monson the lowest average of 37.5 years.

In cases dying the Boston State Hospital shows the highest average age among the first admissions of 66.5 years, and Monson the low average of 33.6 years. Among the readmissions dying Gardner shows the high average of 64.3 years, and Monson the low average of 38.8 years.

Turning to the resident population, the first admissions in residence show the highest average admission age at the Boston State Hospital with 52.0 years. The lowest average is seen at Monson with 25.6. The readmissions in residence within institutions show the high average age of 44.5 years at the Metropolitan Hospital, and the low average of 27.3 years at the Monson State Hospital.

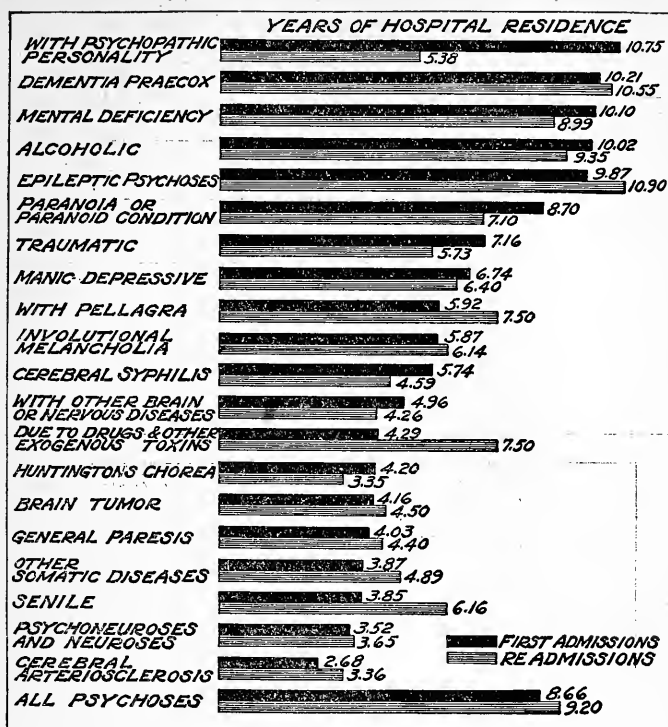
AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS
IN RESIDENCE SEPTEMBER 30, 1933

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 10.87 years (Table 67 and Graph 7). Next in order are the epileptic psychoses, 10.48 years; alcoholic, 9.64 years; and psychoses with mental deficiency, 9.36 years. Probably it is no coincidence that these same psychoses tend to show the longest terms of residence during each statistical year. The shortest average periods of residence are observed in the undiagnosed psychoses, 1.34 years; psychoses with cerebral arteriosclerosis, 2.85 years; psychoneuroses and neuroses, 3.61 years; and psychoses with Huntington's chorea, 3.81 years. The average length of stay for all psychoses is 9.00 years. It will be noted that the females have a slightly longer average residence than the males, insofar as they have remained 9.12 years as compared with 8.84 years for the males, a difference of three months.

TABLE 67. — *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in Residence on September 30, 1933, by Psychoses¹*

PSYCHOSES	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS								
	TOTAL CASES IN RESIDENCE			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6.19	8.17	6.39	7.36	6.30	7.16	5.33	17.50	5.73
Senile	3.86	4.41	4.23	3.45	4.07	3.85	6.09	6.19	6.16
With cerebral arteriosclerosis	2.71	2.99	2.85	2.54	2.83	2.68	3.26	3.45	3.36
General paralysis	3.90	5.41	4.22	3.64	5.23	4.03	4.12	5.62	4.40
With cerebral syphilis	4.04	7.65	5.06	3.59	9.69	5.74	4.31	5.49	4.59
With Huntington's chorea	4.48	3.01	3.81	4.64	3.31	4.20	4.16	2.81	3.35
With brain tumor	1.38	8.50	4.23	1.38	12.50	4.16	—	4.50	4.50
With other brain or nervous diseases	4.53	4.68	4.59	4.97	4.95	4.96	4.18	4.39	4.26
Alcoholic	9.47	10.63	9.64	9.95	10.55	10.02	9.07	10.67	9.35
Due to drugs and other exogenous toxins	4.08	8.25	6.38	.12	5.95	4.29	5.21	10.17	7.50
With pellagra	3.94	7.02	6.14	3.94	6.41	5.92	—	7.50	7.50
With other somatic diseases	5.10	3.90	4.35	3.73	3.95	3.87	6.38	3.84	4.89
Manic-depressive	5.71	6.96	6.49	5.84	7.22	6.74	5.68	6.87	6.40
Involuntional megalomania	4.13	6.85	5.99	4.61	6.52	5.87	3.38	7.24	6.14
Dementia praecox	10.83	10.91	10.87	10.74	9.65	10.21	10.10	10.99	10.55
Paranoia or paranoid conditions	7.14	7.91	7.64	6.31	10.11	8.70	7.59	6.85	7.10
Epileptic psychoses	9.59	11.38	10.48	8.47	11.16	9.87	10.28	11.54	10.90
Psychoneuroses and neuroses	2.83	4.08	3.61	2.76	4.12	3.52	2.87	4.07	3.65
With psychopathic personality	7.90	6.19	7.10	10.67	10.84	10.75	6.49	4.18	5.38
With mental deficiency	9.73	8.97	9.36	10.97	9.14	10.10	9.08	8.89	8.99
Undiagnosed psychoses	1.78	.50	1.34	1.60	.12	1.01	2.06	1.63	1.95
Without psychoses	7.07	7.66	7.33	6.25	8.03	7.04	8.25	7.13	7.76
All clinical groups	8.84	9.12	9.00	8.91	8.38	8.66	8.86	9.54	9.20

¹This table considers only the length of time spent in hospitals during the *present* admission.



GRAPH 7. — AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1933, BY PSYCHOSES

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.66 years. There is a noticeable sex difference here, however, in that the males have remained considerably longer than the females, or 8.91 years for males and 8.38 years for females, a difference of six months. Patients with psychopathic personality have the longest hospital stay, 10.75 years, followed by dementia praecox, 10.21 years, and psychoses with mental deficiency, 10.10 years. The shortest average periods of hospital residence are observed in undiagnosed psychoses, 1.01 years; psychoses with cerebral arteriosclerosis, 2.68 years; and psychoneuroses and neuroses, 3.52 years.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous admissions, but concerns the length of residence during this admission only. In considering the total time spent in the hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 9.20 years, .54 years or six months longer than the average stay of first admissions in residence. The females have a tendency to remain longer than the males, an average of 9.54 years as compared with 8.86 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remained a longer time.

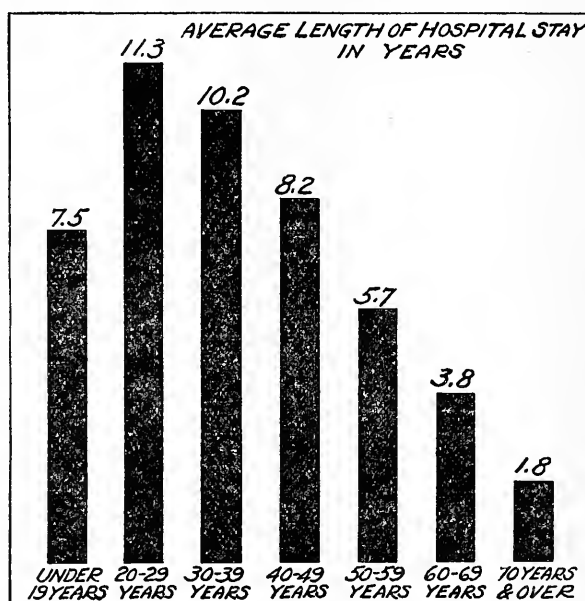
AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1933, BY AGE AT ADMISSION

Table 68 and Graph 8 give the average length of stay of all first and readmissions in the resident population by age at admission. First admissions in the resident group who were admitted under the age of 19 years remained in the institution an average of 6.6 years, while readmissions in the resident group remained an average

of 8.6 years. First admissions and readmissions admitted in age group 20-29 years remained an average of 11.6 and 11.2 years, respectively. Those admitted between 30 and 39 years remained an average of 10.6 and 10.1 years respectively.

TABLE 68. — *Average Length of Hospital Stay of First Admissions and Readmissions in Residence on September 30, 1933, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	ALL ADMISSIONS	FIRST ADMISSIONS	READMISSIONS
Under 19 years	7.5	6.6	8.6
20-29 years	11.3	11.6	11.2
30-39 years	10.2	10.6	10.1
40-49 years	8.2	8.4	8.1
50-59 years	5.7	5.5	5.8
60-69 years	3.8	3.3	4.2
70-79 years	1.8	1.6	2.3
80 years and over	-	-	-



GRAPH 8. — *AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1933, BY AGE AT ADMISSION*

With the exception of the age groups between 20 and 49 years, it will be observed that the average length of residence for each age group is greater for readmissions in residence than for first admissions. This difference varies throughout the different age groups, averaging one year and a half longer for the readmissions in the age groups 60 years and over.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS, AND PRESENT ADMISSION; ALL READMITTED CASES IN RESIDENCE

In Table 69 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 13.14 years. An average of 9.20 years, or 70.0 per cent of the total hospital residence has been spent in hospitals during the present admission, and 3.94 years, or 30.0 per cent of the total hospital residence was spent in hospitals during previous admissions. This

finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: epileptic psychoses, 10.90 years; dementia praecox, 10.55 years; alcoholic psychoses, 9.35 years; psychoses with mental deficiency, 8.99 years; and cases without psychoses, 7.76 years. The psychoneuroses and neuroses with 3.65 years; psychoses with cerebral arteriosclerosis, 3.36 years; psychoses with Huntington's chorea, 3.35 years; and undiagnosed psychoses, 1.95 years; remained the shortest time during the present admission. A sex difference is observed in that the females have been in residence two-thirds of a year longer, on the average, than the males; that is, 9.54 years as compared with 8.86 years.

TABLE 69. — *Average Length of Hospital Stay during Previous Admissions and Present Admission; Readmitted Cases in Residence, September 30, 1933, by Psychoses*

PSYCHOSES	AVERAGE TIME IN YEARS								
	TIME IN INSTITUTION DURING PREVIOUS ADMISSIONS			TIME IN INSTITUTION DURING PRESENT ADMISSION			TIME IN INSTITUTION DURING ALL ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1.30	.75	1.27	5.33	17.50	5.73	6.63	18.25	7.00
Senile	1.17	1.46	1.38	6.09	6.19	6.16	7.26	7.65	7.54
With cerebral arteriosclerosis .	1.02	1.13	1.08	3.26	3.45	3.36	4.28	4.58	4.44
General paralysis	1.15	1.47	1.21	4.12	5.62	4.40	5.27	7.09	5.61
With cerebral syphilis	1.28	2.31	1.51	4.31	5.49	4.59	5.59	7.80	6.10
With Huntington's chorea . . .	2.22	.58	1.24	4.16	2.81	3.35	6.38	3.39	4.59
With brain tumor	-	.12	.12	-	4.50	4.50	-	4.62	4.62
With other brain or nervous diseases	1.32	1.21	1.28	4.18	4.39	4.26	5.50	5.60	5.54
Alcoholic	3.37	3.90	3.49	9.07	10.67	9.35	12.44	14.57	12.84
Due to drugs and other exo- genous toxins	1.75	6.91	4.13	5.21	10.17	7.50	6.96	17.08	11.63
With pellagra	-	7.50	7.50	-	7.50	7.50	-	15.00	15.00
With other somatic diseases . .	1.81	.45	1.02	6.38	3.84	4.89	8.19	4.29	5.91
Manic-depressive	2.30	2.48	2.41	5.68	6.87	6.40	7.98	9.35	8.81
Involuntional melancholia . . .	1.76	1.22	1.37	3.38	7.24	6.14	5.14	8.46	7.51
Dementia praecox	4.28	4.72	4.50	10.10	10.99	10.55	14.38	15.71	15.05
Paranoia or paranoid conditions	2.48	1.78	2.02	7.59	6.85	7.10	10.07	8.63	9.12
Epileptic psychoses	2.81	3.43	3.11	10.28	11.54	10.90	13.09	14.97	14.01
Psychoneuroses and neuroses . .	1.44	1.43	1.44	2.87	4.07	3.65	4.31	5.50	5.09
With psychopathic personality .	2.59	5.40	3.94	6.49	4.18	5.38	9.08	9.58	9.32
With mental deficiency	6.33	6.23	6.29	9.08	8.89	8.99	15.41	15.12	15.28
Undiagnosed psychoses . . . .	.87	.12	.69	2.06	1.63	1.95	2.93	1.75	2.64
Without psychoses	4.47	4.31	4.39	8.25	7.13	7.76	12.72	11.44	12.15
All clinical groups	3.79	4.08	3.94	8.86	9.54	9.20	12.65	13.62	13.14

In considering these readmissions in the light of the total time within institutions during *all* admissions, we observe that the longest period of hospital residence during all admissions, occurs in psychoses with mental deficiency, 15.28 years. The other psychoses in order of frequency are: dementia praecox, 15.05 years; with pellagra, 15.00 years; epileptic psychoses, 14.01 years; and alcoholic psychoses, 12.84 years. The psychoses showing the shortest total average length of stay are: psychoneuroses and neuroses, 5.09 years; psychoses with brain tumor, 4.62 years; with Huntington's chorea, 4.59 years; cerebral arteriosclerosis, 4.44 years; and undiagnosed psychoses, 2.64 years. In this group we observe a tendency for the female readmissions to average .97 years longer in institutions than males, 13.62 years as compared with 12.65 years.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

The total number of patients resident in mental hospitals on September 30, 1933, was 22,704. Fourteen thousand three hundred and forty-six of these resident cases,

or approximately 63 per cent, were readmissions (Table 70). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. This fact reveals that the readmissions tend to be retained and contribute a larger proportion of the residual population of mental hospitals.

The average age at admission for all cases in the resident population is 40.8 years for both sexes: 39.3 for the males and 42.3 for the females. When we compared the first admissions for the year 1933 we found that the females averaged 1.4 years older than the males. In the resident population we observe that the sex difference in admission age of first admissions is 3.3 years, the females again being the older.

TABLE 70. — *Admission Ages of First Admissions and Readmissions in the Resident Population, September 30, 1933*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	766	610	1,376	432	321	753	334	289	623
20-29 years	2,605	1,804	4,409	968	632	1,600	1,637	1,172	2,809
30-39 years	3,314	2,825	6,139	956	835	1,791	2,358	1,990	4,348
40-49 years	2,362	2,647	5,009	774	800	1,574	1,588	1,847	3,435
50-59 years	1,427	1,825	3,252	525	606	1,131	902	1,219	2,121
60-69 years	767	888	1,655	415	429	844	352	459	811
70-79 years	318	377	695	242	277	519	76	100	176
80 years and over	60	109	169	52	94	146	8	15	23
Total	11,619	11,085	22,704	4,364	3,994	8,358	7,255	7,091	14,346
Average Admission Age	39.3	42.3	40.8	40.8	44.1	42.4	38.5	41.2	39.8

The resident first admissions present 1,791 patients admitted between the ages 30-39 years. The admission age group 20-29 years is second with 1,600 patients. The age group 40-49 years is third with 1,574 admitted. We note a sharp reduction in the numbers admitted in the following age groups. The average admission age for both sexes is 42.4 years: 40.8 years for the males and 44.1 years for the females. We see here a sex difference of 3.3 years, the females presenting a higher average age at admission.

Among the readmissions we note that the modal admission age again falls in the age group 30-39 years. The average admission age for both sexes for all readmissions is 39.8 years: for males 38.5 years and for females 41.2 years. We notice here that the observed sex difference is 2.7 years. We note also that the average age at admission for readmissions (39.8 years) is 2.6 years less than the average age for first admissions in residence.

TABLE 71. — *Present Ages of First Admissions and Readmissions in the Resident Population, September 30, 1933*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	331	262	593	220	159	379	111	103	214
20-29 years	1,073	806	1,879	449	320	769	624	486	1,110
30-39 years	2,356	1,735	4,091	674	557	1,231	1,682	1,178	2,860
40-49 years	2,910	2,503	5,413	883	807	1,690	2,027	1,696	3,723
50-59 years	2,435	2,515	4,950	939	779	1,718	1,496	1,736	3,232
60-69 years	1,599	1,974	3,573	703	717	1,420	896	1,257	2,153
70-79 years	777	1,006	1,783	404	473	877	373	533	906
80 years and over	138	284	422	92	182	274	46	102	148
Total	11,619	11,085	22,704	4,364	3,994	8,358	7,255	7,091	14,346
Average Present Age	47.6	50.9	49.2	48.9	51.8	50.3	46.8	50.3	48.6

We have here an apparent inconsistency in that readmissions are admitted to the institutions with a lower average age than first admissions. This suggests that the readmissions are made up of cases developing a psychosis in the earlier ages

and, consequently, the readmission ages are below average. At the same time it should be recalled that readmissions are made up of psychoses occurring in the younger age groups and are comparatively rare among the psychoses occurring in the older age groups. On the other hand, the first admissions are made up of psychoses occurring at all ages. In this group the death rate in the older age groups will be high and the possibility of readmission in the psychoses of the higher age groups is less. This in a certain measure may account for the higher age observed in first admissions as compared with readmissions.

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

Table 71 shows the *present* age distribution of first admissions and readmissions in the resident population of our mental hospitals on September 30, 1933. Here it will be observed that the average present age of all cases is 49.2 years, or eight years higher than the average age at admission, 40.8 years. The average present age of females is three years more than that of males, 50.9 years as against 47.6 years. However, the average age at admission was likewise three years later for females.

TABLE 72. — *Admission Age and Present Age of Resident Population — September 30, 1933, by First and Readmissions and Psychoses*

PSYCHOSES	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	Number	Average Admission Age	Average Present Age	Number	Average Admission Age	Average Present Age	Number	Average Admission Age	Average Present Age
Traumatic . . .	58	44.4	50.3	27	44.0	51.0	31	44.7	49.8
Senile . . .	595	71.0	74.6	484	71.7	75.0	111	68.2	72.8
With cerebral arteriosclerosis . . .	990	67.2	69.8	738	68.6	70.7	252	64.4	67.2
General paralysis . . .	647	44.1	47.6	308	45.7	48.9	339	42.6	46.4
Cerebral syphilis . . .	124	46.1	50.7	51	47.3	52.0	73	45.2	49.7
With Huntington's chorea . . .	22	46.9	50.0	12	51.8	55.8	10	41.0	43.0
With brain tumor . . .	5	49.0	51.0	4	47.5	50.0	1	55.0	55.0
With other brain or nervous diseases . . .	261	39.8	43.6	122	40.0	44.4	139	39.6	42.9
Alcoholic . . .	1,310	47.9	56.9	571	47.6	57.0	739	47.8	56.9
Due to drugs and other exogenous toxins . . .	20	46.0	51.5	7	49.2	53.5	13	44.2	50.3
With pellagra . . .	7	49.2	56.4	6	48.3	55.0	1	55.0	65.0
With other somatic diseases . . .	149	44.6	48.3	79	46.0	49.8	70	43.0	46.6
Manic-depressive . . .	1,925	44.9	50.7	487	45.9	51.5	1,438	44.7	50.5
Involuntional melancholia . . .	443	53.3	58.8	250	53.2	58.4	193	53.5	59.3
Dementia praecox . . .	11,523	37.0	47.4	3,335	35.1	46.0	8,188	37.8	47.9
Paranoia or paranoid conditions . . .	586	49.3	56.5	197	49.3	57.4	389	49.4	56.0
Epileptic . . .	1,056	33.7	43.2	423	33.7	42.8	633	33.8	43.4
Psychoneuroses and neuroses . . .	143	40.1	42.8	48	39.8	42.7	95	40.3	42.8
With psychopathic personality . . .	178	37.6	44.1	57	39.6	49.4	121	36.7	41.6
Mental deficiency . . .	1,666	35.3	44.4	563	35.0	44.6	1,103	35.4	44.2
Undiagnosed psychoses . . .	23	38.8	39.1	15	37.5	38.0	8	41.2	41.2
Without psychoses . . .	973	25.4	30.8	574	23.5	28.0	399	28.2	34.9
No associated condition . . .	31	47.9	49.8	12	51.6	52.5	19	45.5	48.1
Epilepsy . . .	83	23.1	30.4	59	21.2	27.8	24	28.0	36.7
Epilepsy with mental def. . .	650	21.8	26.0	420	21.1	24.7	230	23.1	28.5
Mental def. . .	165	33.3	44.3	64	32.2	42.8	101	33.9	45.2
Alcoholism . . .	6	45.0	46.6	2	50.0	50.0	4	42.5	45.0
Drug addiction . . .	1	75.0	85.0	—	—	—	1	75.0	85.0
Psychopathic personality . . .	18	35.4	37.0	7	32.7	35.2	11	37.1	38.0
Other conditions . . .	19	37.4	37.4	10	38.2	38.2	9	36.5	36.5
All clinical groups . . .	22,704	40.8	49.2	8,358	42.4	50.3	14,346	39.8	48.6

The average present age of first admissions in the resident population is 50.3 years, while that of the readmissions is 48.6 years. This table again confirms the

data brought out by Table 70 in which we noted that readmissions are admitted to the institutions at a lower average age than first admissions.

ADMISSION AGE AND PRESENT AGE OF RESIDENT POPULATION, SEPTEMBER 30, 1933, BY FIRST AND READMISSIONS AND PSYCHOSES

In Table 72 we divide the resident population into first and readmissions, and show the average age at admission and the average present age for the various psychoses. The totals for both of these groups show that the 22,704 cases in residence had an average admission age of 40.8 years, and that these cases have an average present age of 49.2 years. The 8,358 first admissions in residence show an average admission age of 42.4 years, their average present age being 50.3 years. The 14,346 readmissions in residence show an average admission age of 39.8 years, and an average present age of 48.6 years. The first admissions in residence have a difference of 7.9 years between the admission age and the present age. The readmissions in residence have a difference of 8.8 years between their admission and present ages. Thus, we observe that the readmissions not only enter the hospital first, but have remained nearly a year longer than the first admissions.

The 3,335 first admissions in residence with a diagnosis of dementia praecox reveal an admission age of 35.1 years and a present age of 46.0 years. The 8,188 readmissions in the dementia praecox group show an average admission age of 37.8 years, and a present age of 47.9 years. The group second in importance numerically, the manic-depressive psychoses, show that the 487 first admissions had an average admission age of 45.9 years, and an average present age of 51.5 years. The 1,438 manic-depressive readmissions in residence show an average admission age of 44.7 years, and a present age of 50.5 years. The third group in numerical importance, psychoses with mental deficiency, shows that 563 first admissions have an average admission age of 35 years, and an average present age of 44.6 years. The 1,103 readmissions in this group show an average admission age of 35.4 years, and an average present age of 44.2 years.

TABLE 73. — *Country of Birth¹ of Foreign Born Patients in First Admissions, 1933, and in the Resident Population September 30, 1933; Rates per 100,000 of State Population Same Country of Birth, 1930 Census*

COUNTRY OF BIRTH ¹	RATE PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH			
	First Admissions, 1933	Order	Cases in Residence	Order
Austria	375.	1	3,984.	1
Finland	176.	2	1,062.	4
Ireland	163.	3	1,216.	2
Germany	156.	4	915.	5
Portugal	153.	5	841.	6
Poland	115.	6	781.	7
Sweden	111.	7	771.	8
Canada	107.	8	575.	12
England	107.	9	669.	10
Italy	102.	10	591.	11
Greece	101.	11	738.	9
Russia	98.	12	1,119.	3
Scotland	55.	13	455.	13
All other countries	95.	—	662.	—
All countries	116.	—	777.	—

¹Countries included in this table are those having one hundred or more patients in the resident population.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS, 1933, AND RESIDENT POPULATION ON SEPTEMBER 30, 1933

Table 73 shows us the country of birth of foreign born patients outlining the rates per 100,000 of the same country of birth in accordance with the 1930 census of the State of Massachusetts. It gives a comparison between first admissions during 1933 and all cases in residence on September 30, 1933. In this table we have arranged the countries in order of frequency of the admission rates for first ad-

missions during the year 1933. We observe that Austria leads this list as a country of birth with 375 foreign born patients from this country being admitted to mental hospitals during 1933 per 100,000 of the State population born in Austria in accordance with the census of 1930. Other countries in order are: Finland, 176; Ireland, 163; and Germany, 156.

The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria is still in first position with a rate of 3,984 patients in residence in mental hospitals on September 30, 1933, in accordance with their numbers in the State population of Massachusetts, 1930. There follow in order: Ireland, 1,216; Russia, 1,119; Finland, 1,062; and Germany, 915. In considering the rank order of these cases in the first admissions, 1933, and resident cases, we note that the only countries preserving the original order in foreign born groups are: Austria (first position), and Scotland (thirteenth position).

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain foreign countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among the patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth.

TABLE 74. — *County of Residence and Rates per 100,000 of (1) All Patients Remaining within Institutions on September 30, 1933;¹ (2) Patients Admitted to All Hospitals during the Year Ended September 30, 1933*

COUNTIES	TOTAL CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County ²	ALL ADMISSIONS DURING YEAR ³			Rate per 100,000 Population Same County
	M.	F.	T.		M.	F.	T.	
Suffolk	2,931	3,238	6,169	699.	1,245	1,123	2,368	268.
Hampshire	231	220	451	631.	48	42	90	126.
Plymouth	466	378	844	523.	133	75	208	129.
Hampden	896	902	1,798	520.	182	174	356	104.
Berkshire	319	302	621	515.	75	46	121	100.
Franklin	137	103	240	483.	13	21	34	68.
Worcester	1,267	1,086	2,353	478.	398	320	718	145.
Bristol	826	847	1,673	473.	205	150	355	100.
Essex	1,250	1,106	2,356	472.	359	270	629	126.
Middlesex	1,928	2,125	4,053	413.	762	657	1,419	144.
Barnstable	67	72	139	410.	23	20	43	127.
Dukes	11	9	20	399.	3	2	5	99.
Norfolk	549	596	1,145	355.	242	194	436	135.
Nantucket	6	6	12	300.	6	1	7	175.
Non-resident of State.	539	86	625	—	203	68	271	—
Unknown	196	9	205	—	20	10	30	—
Total	11,619	11,085	22,704	526.	3,917	3,173	7,090	164.

¹Includes transfers.

²Estimated population of each county, 1933.

³Exclusive of transfers.

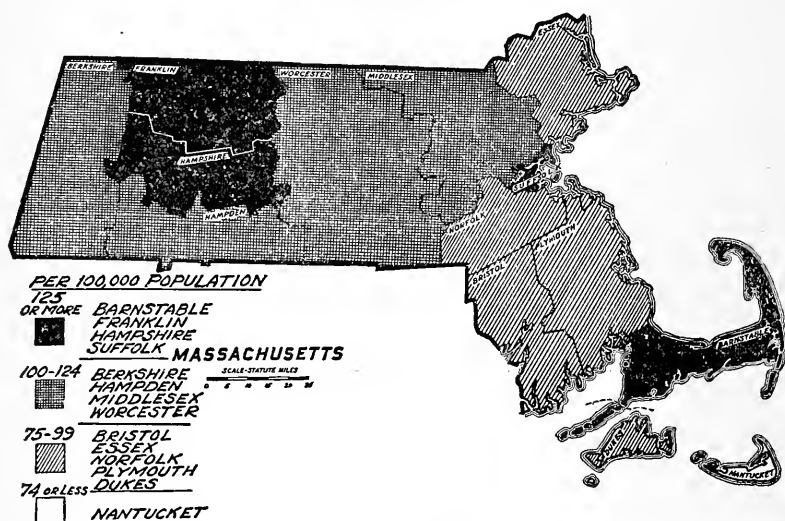
COUNTY OF RESIDENCE: RESIDENT POPULATION, SEPTEMBER 30, 1933, AND ALL ADMISSIONS DURING 1933

Table 74 and Graph 9 give the county of residence and the rate per 100,000 population of the same county for (1) all patients remaining *within institutions* on September 30, 1933; and (2) all patients *admitted* to all mental hospitals during the year 1933. Let us first consider the resident population in mental hospitals on September 30, 1933. Suffolk County has the highest figure with 699 persons in residence in mental hospitals on September 30, 1933 per 100,000 of that county.

Hampshire follows with 631, and Plymouth is third with 523. The following counties have the lowest rates for cases in residence: Nantucket, 300; Norfolk, 355; and Dukes, 399. The total rate for all counties is 526 persons in mental hospitals per 100,000 of the State population.

In considering admissions we find the highest rate for Suffolk County. Two hundred sixty-eight persons per 100,000 of the estimated population of this county were admitted to our mental hospitals during the year 1933. Nantucket and Worcester are next in order with 175 persons per 100,000 population and 145 persons, respectively. The lowest rates for admissions are observed in Franklin County, 68 persons; Dukes County, 99 persons; and Bristol and Berkshire County, 100 each. The total admission rate for all counties is 164 persons per 100,000 of the State population.

Graph 9 presents the patients in residence in State hospitals for mental diseases on September 30, 1933 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk, Hampshire, Plymouth, Hampden and Berkshire show the highest rates (over 500 per 100,000) for mental disease in State hospitals; and Franklin, Essex, Worcester, Barnstable, Bristol and Middlesex are in second position (between 400 and 499 persons).



GRAPH 9. — PATIENTS IN RESIDENCE IN STATE HOSPITALS, 1933. RATES PER 100,000 POPULATION OF SAME COUNTY

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, is the only county conforming to this hypothesis. Hampshire is in second position, and yet this county contains but one city, and that has a population of less than 25,000 (1930). Again we see that Nantucket shows a low relative incidence for mental disease. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental diseases in Massachusetts.

MENTALLY DEFICIENT

Section F. General Discussion of All Classes under Care in State Schools for the Mentally Deficient, 1933

Section F is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1933.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT, SEPTEMBER 30, 1933

Table 75 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 4,946 actually within the institutions, and 5,377 on the books at the various schools. The State schools had 4,771 patients actually within institutions, and 5,202 patients on the books. The Belchertown State School had a total of 1,253 actually within the institution and 1,345 on the books. The Walter E. Fernald State School had 1,770 patients actually within the institution and 1,894 on the books. The Wrentham State School had 1,748 actually within the institution and 1,963 on the books. Seven private schools had 175 patients actually within institutions and the same number on the books at the end of the statistical year.

TABLE 75. — Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1933, by School

SCHOOLS	ACTUALLY IN THE INSTITUTIONS	ON THE BOOKS
State:		
Belchertown	1,253	1,345
Walter E. Fernald	1,770	1,894
Wrentham	1,748	1,963
Total	4,771	5,202
Private:		
Elm Hill	23	23
Mentally Defective in Hospital Cottages	92	92
Ring Sanatorium and Hospital, Inc.	—	—
Standish Manor	7	7
Perkins School of Adjustment	32	32
The Freer School	4	4
Clarke School	17	17
Total	175	175
Total, All Patients	4,946	5,377

Comparing the figure of 4,946 actually within State institutions for 1933 with the figure of 4,754 for 1932, we observe an increase of 4 per cent. The rate per 100,000 of the estimated population for 1933 was 113.2 for patients actually within institutions; for those on the books it was 123.0. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1933.

PATIENTS "ON VISIT", "ON PAROLE", AND "ON ESCAPE" from State Schools on SEPTEMBER 30, 1933

The number of patients "on visit", "on parole", and "on escape" from State schools in 1933 was 431, or 8.2 per cent of the total number of patients on the books. Table 76 reveals that of the total of 431 out of institutions at the end of the year, 110 or 25.5 per cent were "on visit", 233 or 54.0 per cent were "on parole", and 88 or 20.5 per cent were "on escape".

On September 30, 1933, the Belchertown State School had 22 patients or 1.6 per cent of its total population out "on visit"; 54 patients or 4.0 per cent were out "on parole", and 16 patients or 1.1 per cent were "on escape", making a total of 92 patients or 6.8 per cent of the cases on the books who were out of the institution at the end of the year. The Walter E. Fernald State School had 47 patients or 2.4 per cent of its total population "on visit"; 63 patients or 3.3 per cent "on parole"; and 14 patients or .7 per cent "on escape", making a total of 124 patients, or 6.5 per cent of cases on the books who were out of the institution on September 30,

1933. The Wrentham State School had 41 patients or 2.0 per cent of its total population "on visit"; 116 patients or 5.9 per cent "on parole"; and 58 or 2.9 per cent "on escape", making a total of 215 patients or 10.9 per cent out of the institution at the end of the statistical year.

TABLE 76. — *Number of Patients "On Visit", "On Parole", and "On Escape" in State Schools, on September 30, 1933, by School*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
Belchertown	1,345	22	1.6	54	4.0	16	1.1	92	6.8
Walter E. Fernald . .	1,894	47	2.4	63	3.3	14	.7	124	6.5
Wrentham	1,963	41	2.0	116	5.9	58	2.9	215	10.9
Total	5,202	110	2.1	233	4.4	88	1.6	431	8.2

Patients "on visit" are those absent from the State schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1933

Table 77 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape". It will be noted that the percentage "on visit" has slightly decreased over the last six years. The same is true for the percentages "on parole". The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919. There has not been much variation over the last six years.

TABLE 77. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools September 30, 1910-1933, Inclusive*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910	1,654	80	4.8	—	—	—	—	7	.4
1911	1,772	115	6.4	—	—	—	—	15	.8
1912	1,985	130	6.5	—	—	—	—	10	.5
1913	2,049	104	5.0	—	—	—	—	23	1.1
1914	2,366	157	6.6	—	—	—	—	15	.6
1915	2,471	134	5.4	—	—	—	—	28	1.1
1916	2,873	237	8.2	—	—	—	—	54	1.8
1917	2,947	222	7.5	—	—	—	—	52	1.7
1918	3,115	305	9.8	—	—	—	—	47	1.5
1919	3,219	387	12.0	—	—	—	—	93	2.8
1920	3,163	290	9.1	—	—	—	—	53	1.6
1921	3,375	376	11.1	—	—	—	—	58	1.7
1922	3,315	401	12.1	—	—	—	—	65	1.9
1923	3,762	463	12.3	—	—	—	—	60	1.5
1924	4,075	560	13.7	—	—	—	—	55	1.3
1925	4,125	488	11.8	—	—	—	—	44	1.0
1926	4,145	429	10.3	—	—	—	—	56	1.3
1927	4,162	332	7.9	—	—	—	—	70	1.6
1928	4,304	—	—	109	2.5	216	5.0	67	1.5
1929	4,363	—	—	108	2.5	231	5.3	83	1.9
1930	4,557	—	—	111	2.4	218	4.7	69	1.5
1931	4,815	—	—	107	2.2	203	4.2	93	1.9
1932	4,957	—	—	91	1.8	205	4.1	95	1.9
1933	5,202	—	—	110	2.1	233	4.4	88	1.6

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904-1933,
INCLUSIVE

Table 78 gives the total number of cases who entered the State schools during each year, 1904-1933 inclusive. This table includes all first admissions and all readmissions, irrespective of the legal form of admission. It does not include transfers, however. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923, with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, 240 admissions, and 1921, 238 admissions. Belchertown State School admitted the greatest number in 1931, 202 cases, and the fewest in 1929, 54 cases.

TABLE 78. — *All Admissions to Schools for the Mentally Defective from the Community*¹

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	-	-
1905	282	282	-	-
1906	187	187	-	-
1907	215	215	-	-
1908	273	273	-	-
1909	275	275	-	-
1910	377	250	127	-
1911	266	188	78	-
1912	361	190	171	-
1913	228	192	36	-
1914	468	228	240	-
1915	322	231	91	-
1916	667	185	482	-
1917	363	195	168	-
1918	418	190	228	-
1919	372	230	142	-
1920	356	220	136	-
1921	414	176	238	-
1922	283	174	109	-
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
Total	10,997	5,779	3,976	1,242

¹Transfers not included.

Considering the totals for the three schools, we observe that 667 cases were admitted in 1916, 586 cases in 1923, and 556 cases in 1924. Observing particularly the period from 1923 onward, during which each of the three State schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930, however, there was a large increase in the number of admissions to the three State schools, this being largely due to the increase of patients at the Belchertown State School. The year 1932 shows a decrease in admissions, 369 cases as against 461 in 1931. This decrease is most evident at the Wrentham and Belchertown State Schools. The year 1933 shows a decided increase in admissions.

During the entire 30 year period a total of 10,997 cases were admitted to all State schools. Five thousand, seven hundred and seventy-nine cases were admitted to the Walter E. Fernald State School, or an average of 192.6 admissions per year. During the last 24 years, 3,976 cases have been admitted to the Wrentham State School, or an average of 165.6 admissions per year. Over the 11 year period 1923-1933, a total of 1,242 patients were admitted to the Belchertown State School, or an average of 112.9 admissions per year. As the present capacities of both Wrentham and Belchertown are considerably smaller than the capacity of the Walter E. Fernald State School, this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1933, INCLUSIVE, AND RATIO PER 100,000
OF THE POPULATION

Table 79 shows the total number of admissions to State schools for the years 1904-1933, inclusive, by sex, and the rate of admissions per 100,000 of the general population for each year. In general, we may say that the rate has been higher during the latter years when compared with the earlier years of this period. Thus, the rate for the years 1904-1908 is approximately 6, and the rate for the years 1926-1933 is approximately 9. The number of admissions is somewhat dependent upon the available accommodation. It will be noted that the years 1923-1925 inclusive are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932 to a rate of 8. This rose during 1933, however, to a rate of 10. It is interesting to observe that the rates for males are higher than the rates for females in all but 6 years of this period.

TABLE 79. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1933 Inclusive*

YEAR	NUMBER OF ADMISSIONS ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.

¹Does not include transfers.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1933

Table 80 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1933, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 109 in the year 1933. This table demonstrates very strikingly the increasing burden upon the State for the care of the mental defective. Since 1904 the rate for patients in residence has more than trebled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922, onward, however, there has been a fairly even balanced preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding.

TABLE 80. — *Number of Patients in Residence in State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1933, inclusive*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RESIDENT PATIENTS PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	64.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,699	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.
1931	2,135	2,277	4,412	103.	104.	103.
1932	2,205	2,361	4,566	106.	108.	107.
1933	2,316	2,455	4,771	108.	109.	109.

Section G. Admissions to State Schools for the Mentally Deficient during 1933

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1932 to September 30, 1933, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1933

Table 81 reveals that a total of 492 admissions were received at the three State schools during the year; 215, or 44 per cent of cases were admitted under regular commitment; 258, or 52 per cent were admitted under the voluntary or "school" status; 5, or 1 per cent were admitted as observation cases; and 14, or 3 per cent were admitted by transfer. It will be observed that the first admissions comprise by far the larger proportion of admissions to the State Schools. During 1933 there were 447 or 90 per cent of these as against 45, or 10 per cent of readmissions.

MENTAL STATUS OF ALL ADMISSIONS, 1933

Excluding the 14 cases admitted by transfer, a total of 478 new cases were admitted to the three State schools during 1933 (Table 82). Eighty-one or 16.9 per cent of these were idiots; 158 or 33.1 per cent were imbeciles; 215 or 44.9 per cent were morons; and 24 or 5.1 per cent were classified as not mentally defective. Two hundred and sixty males were admitted, and 218 females.

TABLE 81. — *Legal Status of All Admissions to State Schools, 1933*

CASES ADMITTED DURING YEAR	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First admissions	241	206	447	88	116	204	150	90	240	3	-	3	-	-	-
Readmissions	25	20	45	8	3	11	9	9	18	2	-	2	6	8	14
Total	266	226	492	96	119	215	159	99	258	5	-	5	6	8	14

Sex differences in mental status are observed. In the idiot group the percentage of males (18.8) is larger than that of the females (14.7). In the imbecile group the percentage of males is again higher than that of females, 34.7 and 31.2, respectively. In the moron group we find the females higher, 40.0 per cent of males and 50.9 per cent of females. In the classification not mentally defective, we observe 6.5 per cent of males and 3.2 per cent of females.

TABLE 82. — *Mental Status of All Admissions, 1933, Percentage Distribution*¹

MENTAL STATUS	ALL ADMISSIONS ²					
	Number			Percent		
	M.	F.	T.	M.	F.	T.
Idiot	49	32	81	18.8	14.7	16.9
Imbecile	90	68	158	34.7	31.2	33.1
Moron	104	111	215	40.0	50.9	44.9
Not Mentally Defective	17	7	24	6.5	3.2	5.1
Total	260	218	478	100.0	100.0	100.0

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74, Not Mentally Defective, I. Q. .75 or over.

²Excludes cases admitted by transfer.

In this table we note that 54 per cent of admissions during 1933 were males and 46 per cent females. The males present larger proportions in the idiot, imbecile and not mentally defective groups, while the females present larger proportions in the moron group.

Of the total 478 admissions, 447 or 93.5 per cent were first admissions, and 31 or 6.5 per cent were readmissions (Table 83). Belchertown State School contributed 76 admissions of which 72 or 94.7 per cent were first admissions, and 4 or 5.3 per cent were readmissions. The Walter E. Fernald State School contributed 183 admissions, 166 or 90.7 per cent of which were first admissions and 17 or 9.3 per cent were readmissions. The Wrentham State School presented 219 admissions, 209 or 95.4 per cent first admissions, and 10 or 4.6 per cent readmissions.

TABLE 83. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1933, by Schools*¹

STATE SCHOOLS	TOTAL ADMISSIONS	FIRST ADMISSIONS		READMISSIONS	
		NUMBER	PERCENT	NUMBER	PERCENT
Belchertown	76	72	94.7	4	5.3
Walter E. Fernald	183	166	90.7	17	9.3
Wrentham	219	209	95.4	10	4.6
Total	478	447	93.5	31	6.5

¹Unless otherwise stated, this and the following tables include all first admissions and readmissions to State Schools irrespective of mental status.

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1933

The average age at admission of all first admissions to the three State schools during 1933 was 12.2 years, (Table 84). The average age for males, 10.3 years, was lower than that for the females, 14.4 years. The average age at admission for all readmitted cases was 20.2 years, 16.1 years for the males and 26.6 years for the females.

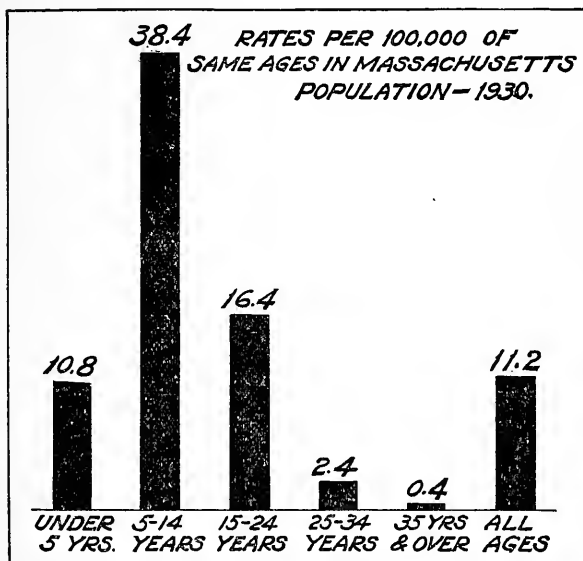
For the Belchertown State School the average age of first admissions was 13.0 years, and for readmissions, 25.0 years. For the Walter E. Fernald State School the average was 13.3 years for first admissions and 21.9 years for readmissions. For the Wrentham State School the average was 11.1 years for first admissions and 15.5 years for readmissions. The average admission age is consistently higher for females than for the males at each of the State schools, and in both first and readmissions.

Of the total first admissions admitted during the year, 327 or 73 per cent were under 15 years of age. This general tendency is noted for each school. The number of children admitted under the age of 5 is largest for Wrentham, 31, or 14.0 per cent. Important sex differences in admission ages are observed. In considering the total for all ages we see that 209 or 86 per cent of the males were admitted under the age of 15 years, while but 118 cases, or 57 per cent of the females came within these age groups. Considering admission ages 15 years or higher, we note that 32 cases, or 14 per cent of the males fell in these groups, while 88 cases, or 43 per cent of the females were admitted in these older age groups. The readmissions throughout the various age groups are so small that they will not be discussed here.

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1933; RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS

Table 85 and Graph 10 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State Schools is the greatest.

The highest rate falls in the age group 5-14 years, with 38.4 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 16.4 persons, and the group under five years is third with 10.8 persons. The rate for all admissions is 11.2; for first admissions 10.5, and for readmissions .7. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.



GRAPH 10. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1933; RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1933, BY MENTAL STATUS

The distribution of ages throughout the mental status groups reveals that the lower grade cases predominate in the younger age groups (Graph 11 and Table 86). For example, in the group under 10 years of age at admission we find 62.3 per cent of idiots; imbeciles, 49.3 per cent; moron, 28.0 per cent; and not mentally defective, 50.0 per cent. The moron group presents the largest number in the age group 10-14 years, 33.8 per cent. They also have the largest number in the age group 15-19 years, 25.5 per cent, and in the age group 20-24 years, 7.4 per cent.

TABLE 84. — *Number of First Admissions and Readmissions to State Schools, 1933; by Age Distribution*

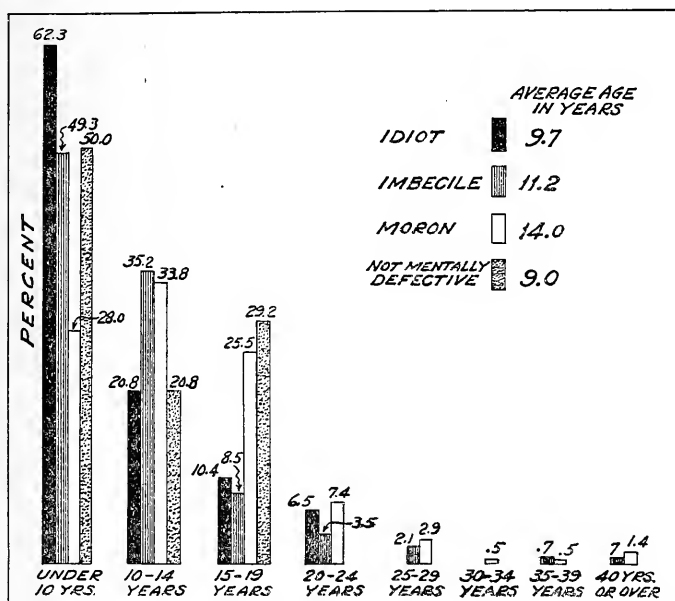
AGE GROUPS	ALL SCHOOLS						BELCHERTOWN					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	23	15	38	—	—	—	2	2	4	—	—	—
5-9 years	106	43	149	3	—	3	21	7	28	1	—	—
10-14 years	80	60	140	4	3	7	9	9	16	—	—	—
15-19 years	23	56	79	8	3	11	6	10	16	1	—	—
20-24 years	8	17	25	3	2	5	1	3	4	—	—	—
25-29 years	1	8	9	1	2	3	—	1	1	—	—	—
30-34 years	—	1	1	—	3	3	—	—	—	—	—	—
35-39 years	—	2	2	—	1	1	—	2	2	—	—	—
40-44 years	—	1	1	—	—	—	—	—	1	—	—	—
45-49 years	—	1	1	—	1	—	—	—	—	—	1	—
50 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	241	206	447	19	12	31	39	33	72	3	1	4
Average Age in Years	10.31	14.46	12.22	16.18	26.66	20.24	10.37	16.19	13.04	17.50	47.50	25.00

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	3	3	—	—	—	21	10	31	—	—	—
5-9 years	25	18	43	1	—	1	60	18	78	1	—	—
10-14 years	32	35	67	1	2	3	39	18	57	3	1	4
15-19 years	7	31	38	3	3	6	10	15	25	4	—	—
20-24 years	2	9	11	3	2	5	5	5	10	—	—	—
25-29 years	1	2	3	—	1	1	—	5	5	—	1	1
30-34 years	—	—	—	—	3	3	—	—	—	—	—	—
35-39 years	—	—	—	—	1	1	—	—	—	—	—	—
40-44 years	—	1	1	—	—	—	—	—	—	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	67	69	166	8	9	17	135	74	209	8	2	10
Average Age in Years	11.67	14.39	13.30	17.50	25.83	21.91	9.61	14.05	11.18	14.37	20.00	15.50

TABLE 85. — *Ages of First Admissions and Readmissions to State Schools, 1933, Rates per 100,000 of Same Ages in Massachusetts Population, 1930*

	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
Under 5 years	38	10.8	38	10.8	—	—
5-14 years	299	38.4	289	37.1	10	1.2
15-24 years	117	16.4	104	14.6	13	1.8
25-34 years	16	2.4	10	1.5	6	.9
35 years and over	8	.4	6	.3	2	.1
Total	478	11.2	447	10.5	31	.7

We note that the not mentally defective show the lowest average admission age, that of 9.0 years. There is then a consistent increase in the next three groups, the average admission age for idiots being 9.7 years, for imbeciles 11.2 years and for morons, 14.0 years. There is a sex difference in the mental groups, in that females tend to be admitted at a higher average age than males. This is true of each mental status group.

GRAPH 11. — *PERCENTAGE DISTRIBUTION OF AGES IN FIRST ADMISSIONS TO STATE SCHOOLS, 1933, BY MENTAL STATUS*

ENVIRONMENT OF FIRST ADMISSIONS TO STATE SCHOOLS, 1933

Table 87 shows the environment of first admissions to State schools compared with the general population residing in urban and rural centers. The rate of first admissions per 100,000 of the general population is 10.51; 11.04 admissions per 100,000 from urban centers, and 5.79 from rural centers.

It will be observed that although the Massachusetts Census for 1930 shows a percentage of 90.2 of the population living in an urban environment, 94.6 per cent of the first admissions to State schools came from an urban environment. Thus, patients from urban centers are somewhat over-represented among first admissions. On the other hand, first admissions from rural environments are under-represented, 5.4 per cent as against 9.8 per cent of the Massachusetts population who live in a rural environment.

TABLE 86. — *Age Distribution of All First Admissions to State Schools, 1933, by Mental Status*

AGE GROUPS	TOTAL			IDiot			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	23	15	38	10	5	15	8	5	13	4	5	9	1	—	1
5-9 years	106	43	149	22	11	33	43	14	57	31	17	48	10	1	11
10-14 years	80	60	140	12	4	16	21	29	50	43	26	69	4	1	5
15-19 years	23	56	79	1	7	8	5	7	12	15	37	52	2	5	7
20-24 years	8	17	25	2	3	5	3	2	5	3	12	15	—	—	—
25-29 years	1	8	9	—	—	—	1	2	3	—	6	6	—	—	—
30-34 years	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
35-39 years	—	2	2	—	—	—	—	1	1	—	1	1	—	—	—
40-44 years	—	2	2	—	—	—	—	—	—	—	2	2	—	—	—
45-49 years	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
50 years and over	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Total	241	206	447	47	30	77	81	61	142	96	108	204	17	7	24
Average Age	10.31	14.46	12.22	8.70	11.33	9.77	9.82	13.07	11.21	11.60	16.25	14.06	9.61	15.35	9.05

TABLE 87. — *Environment of First Admissions to State Schools, 1933, Compared with Massachusetts Population, 1930*

	TOTAL	URBAN	RURAL
First admissions	447	423	24
Percentage of First Admissions	100.0	94.6	5.4
Massachusetts Census, 1930 — Percentage	100.0	90.2	9.8
First Admissions — rate per 100,000 ¹	10.51	11.04	5.79

¹General Population, same environment.

POPULATION OF PLACE OF RESIDENCE OF FIRST ADMISSIONS, 1933

Table 88 shows the rates per 100,000 of mental defectives admitted from the various population units in Massachusetts. It also shows the numbers of the State population falling within each of the population groups. It will be noted that the villages show the highest rate, with 12 mental defectives admitted per each 100,000 of that population unit. The largest cities, with populations 250,000 or over, are next in order with 11.9 admissions per 100,000. It is interesting to observe that in our rates showing the admission of patients with mental disease these same population units showed the larger proportion of admissions. The population unit 2,500–9,999 is third with a rate of 11.6, while the next group, 10,000–24,999 population, and the 50,000–99,999 group each show rates of 11.5 per 100,000 of the population. The lowest rate is seen in the intermediate population group, 25,000–49,999, with a rate of 6.9 admissions per 100,000 of the population of that unit.

TABLE 88. — *Population of Place of Residence of First Admissions to State Schools, 1933, and Rates per 100,000 of Same Population Units*

POPULATION UNIT	POPULATION IN EACH UNIT, 1930 CENSUS	TOTAL FIRST ADMISSIONS	RATE PER 100,000
0– 2,499	199,957	24	12.0
2,500– 9,999	544,976	63	11.6
10,000– 24,999	693,428	80	11.5
25,000– 49,999	576,467	40	6.9
50,000– 99,999	460,411	53	11.5
100,000–249,999	993,187	94	9.5
250,000 plus	781,188	93	11.9
Total	4,249,614	447	10.5

Evidently, then, the most favorable population groups from the standpoint of admissions to State schools is the intermediate population unit. The most unfavorable population groups are the villages and the largest cities.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1933, BY MENTAL STATUS

The largest proportion of first admissions, 66.7 per cent, belong in the marginal economic class; 30.4 per cent are found in the dependent group; and 2.9 per cent in the comfortable class, (Table 89). Idiots make up the smallest proportion of the dependent group, 20.8 per cent and the largest proportion of the marginal group, 75.3 per cent. It is observed that 79.2 per cent of idiots, 71.1 per cent of imbeciles, and 65.2 per cent of morons and 66.7 per cent of cases not mentally defective belonged in either the marginal or comfortable classes.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1933, BY NATIVITY AND PARENTAGE

Table 90 shows that the foreign born have a high average admission age, 16.8 years. The native-born have an average admission age of 12.1 years. When we consider the parentage of the native-born, we observe that the highest average admission age occurs in the native-born of native parentage, 14.3 years: 9.8 years for the males and 14.5 years for the females. (Native-born patients of unknown

parentage are excluded because of the few cases under consideration). The lowest average admission age occurs in the native-born of mixed parentage, 11.4 years; 9.8 for the males and 13.5 for the females. The average admission age of all first admissions was 12.2 years; 10.3 years for the males and 14.4 years for the females.

TABLE 90. — *Average Age of First Admissions to State Schools, 1933, by Nativity and Parentage*

NATIVITY AND PARENTAGE	AVERAGE AGE		
	M.	F.	T.
Native Born:	10.30	14.45	12.18
Native Parentage	9.84	14.51	14.35
Foreign Parentage	11.30	14.86	13.04
Mixed Parentage	9.87	13.51	11.47
Unknown Parentage	12.50	20.83	18.75
Foreign Born	12.50	17.50	16.87
Nativity Unknown	—	—	—
Aggregate Age	10.31	14.46	12.22

Section H. All Discharges from State Schools for the Mentally Deficient during 1933

The section following discusses various factors in reference to discharges from State schools during the year 1933.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED, 1933

The largest number of patients discharged during 1933 fell in the age groups 20–24 years, 53, or 31.5 per cent, (Table 91). Nineteen, or 11.3 per cent were discharged between the ages of 25–29 years, and 17 or 10.1 per cent between the ages of 15–19 years. We observe that a total of 52.9 per cent of cases were discharged between the ages of fifteen and twenty-nine years. The higher mental classifications tend to be discharged at higher ages. Forty-four per cent of idiots were discharged under the age of 20 years, while but 25.0 per cent of imbeciles, and 7.8 per cent of morons, and 4.7 per cent of cases not mentally defective were discharged in this age grouping.

The average age at discharge of all patients discharged from State schools is 21.7 years; 19.7 years for males and 23.9 for females. The idiots showed the lowest average age at discharge, that of 18.7 years; 19.1 years for the males and 17.8 years for the females. The cases not mentally defective show the highest average age at discharge, that of 23.6 years; 21.3 years for males and 25.4 years for females.

It is interesting to observe that the average admission age for this year was 12.8 years, while the average discharge age was 21.7 years. This indicates roughly the approximate time (nine years) which is required to prepare a child for a successful life in the community.

ALL DISCHARGES FROM STATE SCHOOLS, 1933; RATES PER 1,000 CASES UNDER TREATMENT

During 1933, 168 patients were discharged from the three State schools for the mentally defective, (Table 92). Of these, 89 or 52.9 per cent were males, and 79 or 47.1 per cent were females. Forty-five were discharged from the Belchertown State School: 53.3 per cent were males, and 46.7 per cent were females. Seventy-four were discharged from the Walter E. Fernald State School: 63.5 per cent were males, and 36.5 per cent were females. Forty-nine were discharged from the Wrentham State School: 36.7 per cent were males, and 63.3 per cent were females.

The rate of discharge per 1,000 of cases under treatment for all schools was 33; 36 for the males and 30 for the females. The Belchertown and Walter E. Fernald State Schools showed the highest discharge rates with 34 and 39 patients, respectively, discharged per 1,000 cases under treatment for each school. Wrentham showed 26 patients discharged per 1,000 under treatment. The discharge rate for males was decidedly higher than that for females at both Belchertown and Walter E. Fernald State Schools. The rate for female discharges was higher at Wrentham.

Table 93 shows the present age of all cases under treatment during the year,

TABLE 91. — Age Distribution of All Patients Discharged from State Schools, 1933, by Mental Status¹

AGE AT DISCHARGE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	1	1	2	—	1	1	1	—	1	—	1	—	—	—	—
10-14 years	2	2	4	—	—	—	2	2	1	—	1	—	—	—	—
15-19 years	10	7	17	3	1	4	3	2	5	3	4	7	1	—	1
20-24 years	31	22	53	2	—	2	6	3	9	18	17	35	5	—	7
25-29 years	—	13	19	—	—	—	2	3	5	4	5	9	—	2	5
30-34 years	3	6	9	1	—	1	—	1	1	1	4	5	1	1	1
35-39 years	—	6	6	—	1	1	1	—	1	—	3	3	—	—	—
40-44 years	1	2	3	—	—	—	1	—	—	—	2	2	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	2	2	—	—	—	—	1	1	—	1	1	—	—	—
Total	89	79	168	6	3	9	23	13	36	51	51	102	9	12	21
Average Age	19.75	23.97	21.75	19.16	17.83	18.72	18.63	25.61	19.52	20.04	23.57	21.81	21.38	25.41	23.69

¹Idiot, I. Q. under .24; Imbecile, I. Q., .25-.49; Moron, I. Q., .50-.74; Not Mentally Defective, I. Q., .75 and over.

the age at discharge of all cases discharged during 1933, and the rate of discharge per 1,000 cases under treatment of the same age groups. The highest rate of discharge is observed in the age group 20-29 years, a rate of 47 cases discharged for each 1,000 cases of the same age group under treatment during the year. The age groups 10-19 years and 30-39 years also show high rates of 38 and 20 per 1,000 respectively. The age group 60 years and over is excluded because of the few cases under consideration. The age group 0-9 years presents the next highest discharge rate, 13 per 1,000 cases in residence.

TABLE 92. — *Number of Discharges from State Schools, 1933, by School; Rates per 1,000 of Cases under Treatment*¹

STATE SCHOOLS	NUMBER UNDER TREATMENT			NUMBER OF DISCHARGES			RATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	553	756	1,309	24	21	45	43.	27.	34.
Walter E. Fernald	1,105	759	1,864	47	27	74	42.	35.	39.
Wrentham	780	1,051	1,831	18	31	49	23.	29.	26.
Total.	2,438	2,566	5,004	89	79	168	36.	30.	33.

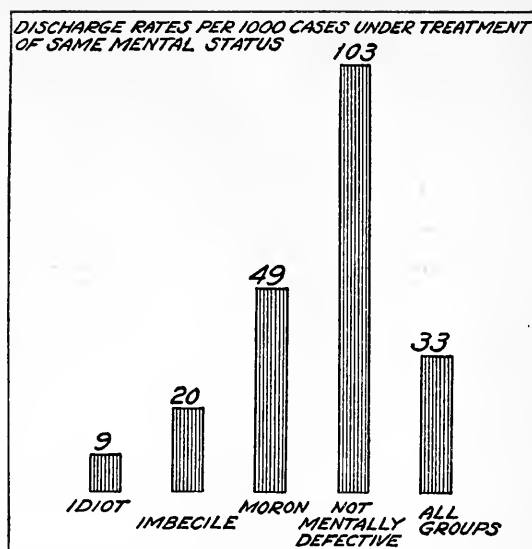
¹Includes all discharges irrespective of I. Q. Cases under treatment are obtained by adding Resident Population on September 30, 1933, Discharges during the year 1933, and the number of Patients Dying during the year 1933.

In summarizing this table, and in considering the groups presenting the largest numbers, we may say that the more favorable age groups for discharge during this year tend to lie between 10 and 29 years.

It will be observed in Table 93 and Graph 12 that the not mentally defective group present by far the highest discharge rate, 103 per 1,000 under treatment, of any of the mental status groups. The moron group is second with a rate of 49 cases discharged per 1,000 cases under treatment. The imbecile group is third with a rate of 20, while the idiot group shows the lowest discharge rate of all, 9 cases per each 1,000 under treatment. In all but the not mentally defective group, the discharge rate is higher for the males than for the females.

TABLE 93. — *Discharge Rates per 1,000 Cases under Treatment, 1933, by Mental Status and Present Age Distribution*

MENTAL STATUS	SEX	AGE DISTRIBUTION							
		All AGES	0-9 YEARS	10-19 YEARS	20-29 YEARS	30-39 YEARS	40-49 YEARS	50-59 YEARS	60 Years AND OVER
Idiot	M.	11.	—	13.	15.	17.	—	—	—
	F.	7.	25.	6.	—	16.	—	—	—
	T.	9.	8.	10.	8.	17.	—	—	—
Imbecile	M.	25.	35.	39.	29.	—	12.	—	—
	F.	14.	16.	12.	22.	12.	—	—	66.
	T.	20.	27.	27.	25.	6.	5.	—	52.
Moron	M.	56.	—	60.	86.	17.	—	—	—
	F.	43.	16.	46.	53.	32.	27.	66.	—
	T.	49.	6.	54.	65.	29.	21.	52.	—
Not Mentally Defective	M.	88.	—	90.	185.	125.	—	—	—
	F.	120.	—	107.	194.	117.	—	—	—
	T.	103.	—	98.	190.	120.	—	—	—
All Groups	M.	36.	10.	45.	54.	11.	8.	—	—
	F.	30.	17.	31.	42.	26.	9.	14.	45.
	T.	33.	13.	38.	47.	20.	8.	7.	31.



GRAPH 12.—MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1933; RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS

AVERAGE NET TIME IN STATE SCHOOLS DURING PRESENT ADMISSION OF PATIENTS
DISCHARGED DURING 1933, BY MENTAL STATUS

Table 94 gives the average net time spent within the institutions for all cases discharged from State schools during 1933, by mental status and sex. The average net time which these discharged cases spent in the institution was 5.38 years; 4.97 years for males and 5.85 years for females.

The imbeciles showed the longest average net time within institutions, or 7.06 years. Next in order were the idiot group with 7.01 years; morons, 4.82 years, and the not mentally defective group, 4.59 years. The idiot males remained longer than the females. In the other three mental groups, however, the females showed a longer average stay within institutions.

TABLE 94.—Average Net Time in Years Within Institutions during this Admission and Mental Status of All Patients Discharged, 1933

MENTAL STATUS	TOTAL DISCHARGES			AVERAGE IN YEARS		
				NET TIME WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.
Idiot	6	3	9	7.83	5.37	7.01
Imbecile	23	13	36	5.77	9.33	7.06
Moron	51	51	102	3.50	5.13	4.82
Not Mentally Defective	9	12	21	3.64	5.30	4.59
Total	89	79	168	4.97	5.85	5.38

It is interesting to compare the average length of hospital stay of patients with mental diseases discharged during the same year. We found in Table 50 that the average length of hospital stay for mental patients was one and one quarter years. On the average, cases of mental deficiency remained four times as long in State Schools as mental cases remained in mental hospitals.

AVERAGE TIME ON BOOKS, AVERAGE TIME OUT AND NET TIME SPENT WITHIN STATE SCHOOLS, BY SCHOOLS; ALL PATIENTS DISCHARGED, 1933

Table 95 gives the average time on the books, the average time spent out and the net time which all patients discharged during 1933 spent in the individual schools. Belchertown presented the shortest average length of time on the books, 5.54 years. The Walter E. Fernald State School revealed the longest time on the books, with 9.08 years. The three schools together showed an average of 7.00 years spent on the books. The Wrentham State School showed the longest average time spent out, 2.02 years, with Belchertown and Walter E. Fernald State School following in order, 2.00 years and 1.10 years, respectively. The three schools together showed an average of 1.62 years spent out on visit, escape or parole.

TABLE 95. — Average Time on Books and Time Spent Out of All Patients Discharged from State Schools, 1933, by School and Sex

STATE SCHOOLS	AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT			AVERAGE NET TIME IN YEARS WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	6.63	4.29	5.54	2.33	1.62	2.00	4.30	2.67	3.54
Walter E. Fernald	5.61	8.22	6.56	1.86	1.52	1.10	4.75	6.70	5.46
Wrentham	8.09	9.66	9.08	1.57	2.28	2.02	6.52	7.38	7.06
Total	6.39	7.70	7.00	1.42	1.85	1.62	4.97	5.85	5.38

The average net length of residence for the three schools was 5.38 years, with Wrentham showing the longest net residence of 7.06 years. The shortest average net residence is seen at Belchertown with 3.54 years. It will be noted that the females have a net residence that is nearly one year longer than that of the males. They likewise spend more time on the books and more time out than the males.

AVERAGE TIME ON BOOKS BY AGE AT ADMISSION; ALL PATIENTS DISCHARGED DURING 1933

Table 96 shows the total time spent on the books of all cases discharged, by age at admission. With the exception of one case admitted in the age group 40-44 years, the longest time on the books was spent by cases who were admitted between 30 and 34 years of age, 8.83 years. Those who were admitted between 5 and 9 years spent an average of 8.34 years on the books of State schools, while those admitted between the ages of 10-14 years spent the next longest average time on the books, 7.16 years. It would seem from this table that cases admitted up to nineteen years of age tend to spend the longest time on the books.

TABLE 96. — Average Time on the Books of Cases Discharged During 1933 by Age at Admission and Sex

AGE AT ADMISSION	NUMBER			AVERAGE TIME ON BOOKS		
	M.	F.	T.	M.	F.	T.
Under 5 years	1	1	2	.41	.16	.28
5-9 years	22	8	30	8.01	9.25	8.34
10-14 years	35	24	59	7.49	6.69	7.16
15-19 years	25	35	60	4.38	7.67	6.30
20-24 years	3	6	9	1.01	6.91	4.94
25-29 years	2	2	4	2.27	7.50	4.88
30-34 years	1	2	3	12.50	7.00	8.83
35-39 years	—	—	—	—	—	—
40-44 years	—	1	1	—	22.50	22.50
45-49 years	—	—	—	—	—	—
50 years and over.	—	—	—	—	—	—
Total	89	79	168	6.39	7.70	7.00

It will be observed that the greatest number of discharges during this year occur in cases who were admitted up to 19 years of age. These cases show an average

time spent on the books of approximately seven years. The average time on the books for all cases discharged is 7.00 years; 6.39 years for males and 7.70 years for females.

AVERAGE NUMBER OF TIMES OUT ON VISIT THIS ADMISSION, ALL PATIENTS
DISCHARGED DURING 1933

Table 97 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1933, by school. As stated before, the total number of discharged from all schools for the year was 168. Walter E. Fernald State School discharged the largest number with 74 and Belchertown State School the fewest with 45.

TABLE 97. — *Average Number of Times Out on Visit during This Admission of All Patients Discharged from State Schools, 1933, by School*

STATE SCHOOLS	NUMBER	AVERAGE TIMES OUT
Belchertown	45	2.42
Walter E. Fernald	74	3.48
Wrentham	49	2.93
Total	168	3.04

The highest average number of times out on visit occurred in the Walter E. Fernald State School discharges, an average of 3.48. Wrentham State School is next in order with an average of 2.93 visits per discharge, and Belchertown the lowest with an average of 2.42. For all schools we note that all discharges during the years averaged 3.04 visits during this particular admission.

Section J. Deaths Occurring in State Schools for the Mentally Deficient during 1933

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1933.

NUMBER OF DEATHS IN STATE SCHOOLS, 1933, BY SCHOOL; RATES PER 1,000 CASES
UNDER TREATMENT

A total of 65 cases died in all State schools during the last statistical year; 33 males and 32 females, (Table 98). Wrentham State School presented the largest number of deaths with 34. Next in order is Walter E. Fernald with 20 deaths, and lastly Belchertown with 11 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 12 persons; 13 deaths per 1,000 males and 12 deaths per 1,000 females under treatment.

TABLE 98. — *Number of Deaths at State Schools, 1933, by School; Rate per 1,000 Cases under Treatment¹*

STATE SCHOOLS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	553	756	1,309	4	7	11	7.	9.	8.
Walter E. Fernald	1,105	759	1,864	14	6	20	12.	7.	10.
Wrentham	780	1,051	1,831	15	19	34	19.	18.	18.
Total	2,438	2,566	5,004	33	32	65	13.	12.	12.

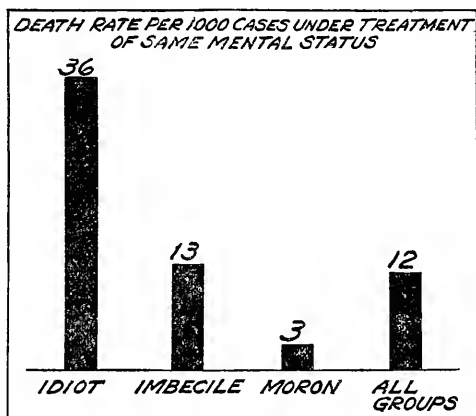
¹Cases under treatment are obtained by adding Resident Population on September 30, 1933, Discharges during the year 1933, and the number of patients Dying during the year 1933.

Wrentham presents the highest rate with 18 deaths per 1,000 patients. Walter E. Fernald is next with 10 patients dying per each 1,000 under treatment, and Belchertown is last with a rate of 8. We observe that there is a slight variation in the death rate for the sexes.

Table 99 shows the present age of all cases under treatment during the year, the age at death of all cases dying during 1933, and the death rates per 1,000 cases under treatment of the same age groups. No cases in the not mentally defective group died during the year. Excluding the age group 60 years and over because of the few cases concerned, it will be observed that the age group 0-9 years showed the highest death rate, 28 per 1,000 under treatment. The age groups 50-59 years and 10-19 years are next in order with rates of 22 and 13, respectively.

TABLE 99. — *Death Rates per 1,000 Cases under Treatment, 1933, by Mental Status and Age*

MENTAL STATUS	SEX	AGE DISTRIBUTION							
		ALL AGES	0-9 YEARS	10-19 YEARS	20-29 YEARS	30-39 YEARS	40-49 YEARS	50-59 YEARS	60 YEARS AND OVER
Idiot	M.	35.	53.	26.	30.	51.	—	105.	—
	F.	37.	25.	54.	19.	33.	29.	—	268.
	T.	36.	43.	37.	25.	42.	16.	68.	166.
Imbecile	M.	11.	47.	7.	7.	6.	—	24.	—
	F.	15.	50.	12.	18.	6.	9.	—	66.
	T.	13.	48.	9.	12.	6.	5.	12.	52.
Moron	M.	4.	10.	6.	—	—	—	—	—
	F.	2.	—	5.	2.	—	—	—	—
	T.	3.	6.	5.	1.	—	—	—	—
Not Mentally Defective	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
	T.	—	—	—	—	—	—	—	—
Total	M.	13.	31.	11.	8.	14.	—	46.	—
	F.	12.	23.	16.	9.	6.	—	—	90.
	T.	12.	28.	13.	9.	9.	5.	22.	62.



GRAPH 13. — PATIENTS DYING IN STATE SCHOOLS, 1933. RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS

In considering the separate mental status groups in Table 99 and Graph 13 we note that the idiots show the highest death rate of 36 per 1,000 under treatment during the year. The imbeciles are next in order with a rate of 13, while the morons show the lowest death rate of 3 per 1,000 morons under treatment. In each of the idiot, imbecile and moron groups the highest death rates occur in the youngest age group, 0-9 years. (The age groups 50-59 years and 60 years and over are excluded because of the few cases under consideration). A total of 12 patients died per 1,000 under treatment during the year, 13 males and 12 females. The death rate for the imbeciles was four times that of the morons, while the rate for the idiots was twelve times that of the morons.

Comparing the total death rate of 12 persons per 1,000 under treatment with the death rate of 63.4 per 1,000 under treatment in hospitals for mental disease, (Table 54) we note that the death rate in hospitals is over five times as high as that observed in the State Schools.

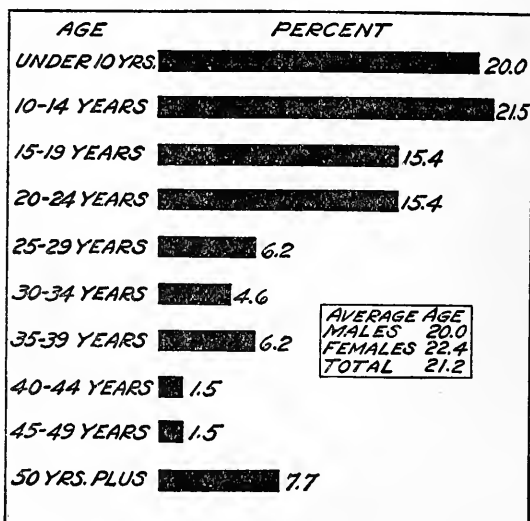
AGE OF PATIENTS DYING IN STATE SCHOOLS, 1933, BY MENTAL STATUS

The average age of patients who died in State schools during the statistical year 1933 was 21.2 years; 20.0 years for males and 22.4 for females, (Table 100). The average age for idiots was 22.1 years; males 22.0 years and females 22.2 years. For imbeciles the average age was 22.0 years; males 19.3 years, and females 24.0 years. For morons the average age was 13.9 years; 12.5 years for males and 15.8 years for females. No deaths occurred in the not mentally defective group during 1933. The lowest average age at death occurs in the morons, 13.9 years, and the highest average age among the idiots, 22.1 years. The females show a higher average age at death than the males throughout each of the mental status groups.

Graph 14 outlines the percentage distribution of deaths by age groups. We observe that 20.0 per cent of all deaths occurred under the age of ten years.

TABLE 100. — *Average Age of Patients Dying in State Schools During 1933, by Mental Status and Sex*

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	9	4	13	4	1	5	4	3	7	1	—	1
10-14 years .	4	10	14	1	7	8	1	1	2	2	2	4
15-19 years .	7	3	10	5	1	6	1	2	3	1	—	1
20-24 years .	4	6	10	4	2	6	—	3	3	—	1	1
25-29 years .	2	2	4	—	—	—	2	2	4	—	—	—
30-34 years .	2	1	3	2	1	3	—	—	—	—	—	—
35-39 years .	2	2	4	1	1	2	1	1	2	—	—	—
40-44 years .	—	1	1	—	1	1	—	—	—	—	—	—
45-49 years .	—	1	1	—	—	—	—	1	1	—	—	—
50 yrs. and over	3	2	5	2	1	3	1	1	2	—	—	—
Total . .	33	32	65	19	15	34	10	14	24	4	3	7
Average Age	20.07	22.40	21.22	22.07	22.20	22.13	19.30	24.03	22.06	12.50	15.83	13.92



GRAPH 14. — *PERCENTAGE DISTRIBUTION, BY AGES, OF MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING 1933*

DURATION OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1933

The average length of school residence during all admissions of patients dying during 1933 is 7.5 years; 7.2 years for males and 7.7 years for females, (Table 101). The longest period of residence is observed among the idiots, 11.9 years; 12.2 years for males and 11.5 years for females. The imbeciles remained the next longest period, 9.7 years; 9.6 years for males and 9.9 years for females. The morons remained the shortest time 6.0 years; 4.9 years for males and 7.5 years for females. The average length of residence of females is higher than that of the males in the imbecile and moron groups. In the idiot group, however, the males show the longer residence.

TABLE 101. — *Duration of School Residence During All Admissions of All Patients Dying in State Schools, 1933, by Mental Status and Sex*

DURATION OF SCHOOL RESIDENCE	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year . . .	8	3	11	4	1	5	3	2	5	1	—	1
1 year . . .	2	2	4	—	1	1	2	—	2	—	1	1
2 years . . .	2	3	5	2	1	3	—	2	2	—	—	—
3 years . . .	—	2	2	—	1	1	—	—	—	—	1	1
4 years . . .	2	2	4	1	1	2	—	1	1	1	—	1
5-9 years . . .	8	8	16	4	6	10	2	2	4	2	—	2
10-14 years . . .	3	5	8	3	—	3	—	4	4	—	1	1
15-19 years . . .	3	3	6	1	1	2	2	2	4	—	—	—
20-24 years . . .	—	1	1	—	1	1	—	—	—	—	—	—
25-29 years . . .	2	1	3	2	—	2	—	1	1	—	—	—
30-34 years . . .	—	1	1	—	1	1	—	—	—	—	—	—
35-39 years . . .	1	—	1	1	—	1	—	—	—	—	—	—
40 years and over . . .	2	1	3	1	1	2	1	—	1	—	—	—
Total . . .	33	32	65	19	15	34	10	14	24	4	3	7
Aver. Length in Residence . . .	7.27	7.76	7.51	12.20	11.53	11.91	9.60	9.90	9.78	4.90	7.50	6.01

TABLE 102. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools during 1933*

CAUSES OF DEATH	TOTAL	IDIOT	IMBECILE	MORON
<i>Epidemic, Endemic and Infectious Diseases:</i>				
Scarlet fever	6.2	5.9	8.2	—
Influenza	7.7	5.9	12.5	—
Erysipelas	3.1	5.9	—	—
Tuberculosis of respiratory system	30.8	32.4	29.2	28.5
Other forms of tuberculosis	6.2	8.8	4.2	—
<i>General Diseases not Included in Class I:</i>				
Cancer and other malignant tumors	3.1	5.9	—	—
<i>Diseases of Nervous System and Other Organs of Special Sense:</i>				
Diseases of spinal cord	4.6	5.9	4.2	—
Cerebral hemorrhage, apoplexy	1.5	2.9	—	—
General paralysis of the insane	3.1	2.9	4.2	—
Epilepsy	6.2	11.9	—	—
Other diseases of the nervous system	1.5	—	—	14.3
Diseases of eye, ear and their annexa	1.5	—	—	14.3
<i>Diseases of the Circulatory System:</i>				
Endocarditis and myocarditis	6.2	—	8.2	28.5
<i>Diseases of the Respiratory System:</i>				
Bronchitis	1.5	—	4.2	—
Bronchopneumonia	7.7	2.9	16.7	—
Lobar pneumonia	4.6	2.9	4.2	14.3
Other diseases of the respiratory system	1.5	—	4.2	—
<i>Diseases of the Digestive System:</i>				
Hernia and intestinal obstruction	1.5	2.9	—	—
<i>Diseases of the Bones and of the Organs of Locomotion:</i>				
Malformations	1.5	2.9	—	—
Total — All Causes	100.0	100.0	100.0	100.0

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1933

Table 102 gives the percentage distribution of all causes of death of patients who died at State schools in 1933, by mental status. Causes of death showing the highest proportions are: tuberculosis of the lungs, 30.8 per cent; influenza and broncho-

pneumonia, 7.7 per cent each; and endocarditis and myocarditis, epilepsy, other forms of tuberculosis and scarlet fever, 6.2 per cent each. In considering the individual mental status groups, we observe that the more prevalent causes of death in the idiot group are tuberculosis of the lungs, 32.4 per cent; epilepsy, 11.9 per cent; and other forms of tuberculosis, 8.8 per cent. The imbecile group presents the following causes of death as most important: tuberculosis of the lungs, 29.2 per cent; and bronchopneumonia, 16.7 per cent. Very few cases died in the moron group and discussion of causes of death of this group is not justified.

It appears that disorders of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1933. We observe that 60.0 per cent of all deaths were due to respiratory diseases of some type.

Section K. All Cases in Residence in State Schools on September 30, 1933

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1933.

ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1933

On September 30, 1933, 4,771 individuals were in residence in the three State schools, 2,316 males and 2,455 females. Belchertown State School contributed 1,253, Walter E. Fernald State School, 1,770 and Wrentham State school, 1,748 (Table 103).

TABLE 103. — All Patients in Residence in State Schools, 1933, by School

STATE SCHOOLS	NUMBER IN RESIDENCE			PERCENT		
	M.	F.	T.	M.	F.	T.
Belchertown	525	728	1,253	41.9	58.1	100.0
Walter E. Fernald	1,044	726	1,770	58.9	41.1	100.0
Wrentham	747	1,001	1,748	42.7	57.3	100.0
Total	2,316	2,455	4,771	48.5	51.5	100.0

The Walter E. Fernald State School presents the larger percentage of males in residence; 58.9 per cent males, and 41.1 per cent females. Belchertown with 40.9 per cent males and 58.1 per cent females, and Wrentham with 42.7 per cent males and 57.3 per cent females, present larger percentages of females in residence.

TABLE 104. — Age at Admission and Average Length of School Stay of All Patients in Residence, 1933

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	130	87	217	8.25	7.73	8.05
5-9 years	856	485	1,341	8.99	9.83	9.14
10-14 years	773	675	1,448	10.12	9.20	9.87
15-19 years	345	583	928	11.33	9.17	9.97
20-24 years	105	286	391	10.81	10.49	10.57
25-29 years	46	143	189	12.53	9.15	9.98
30-34 years	19	90	109	12.34	9.72	10.17
35-39 years	21	57	78	11.07	9.08	9.60
40-44 years	10	27	37	9.50	7.20	7.82
45-49 years	6	11	17	10.00	8.02	8.72
50-54 years	3	8	11	9.17	6.66	7.35
55-59 years	2	2	4	10.00	7.50	8.75
60 years and over	—	1	1	—	2.50	2.50
Total	2,316	2,455	4,771			
Average Admission Age and Average Length of Residence	12.34	16.40	14.43	9.88	9.35	9.63

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN
RESIDENCE, 1933

Table 104 presents material on the age at admission and average length of school stay of all cases in residence in State schools on September 30, 1933, by sex. Of the resident population we observe that 1,448 cases were admitted to the State schools between the ages of 10 and 14 years; 1,341 were admitted between the ages of 5 and 9 years; and 928 between 15 and 19 years. A total of 3,006 or 63 per cent of all resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age 30.

In comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5-9 years, and 10-14 years, a total of 1,759 of the resident males being admitted during these ages as compared with 1,247 for the females. However, in admission ages above 15 years, we find the females predominating, or 1,208 cases of the resident females admitted in these age groups as compared with 557 for the males. Males tend to be admitted under the age of 14 years, as 75 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.4 years; for the females 16.4 years, and for the males 12.3 years.

In turning to the second section of this table, we note that cases admitted between 20 and 24 years have remained the longest average time, that of 10.57 years. Cases admitted in the age groups 10-14 years, 15-19 years, 25-29 years and 30-34 years also have relatively long average periods of residence. There is a slight decrease in school stay of cases admitted after the age of 39 years. The shortest average length of residence occurs in the group admitted between the ages of 50 and 54 years, an average of 7.35 years. Cases admitted at 60 and over are not considered inasmuch as only one case fell within this grouping.

TABLE 105. — *Present Age and Average Length of School Stay of All Patients in Residence, 1933*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	23	19	42	.82	.65	.74
5-9 years	254	145	399	1.87	2.15	1.97
10-14 years	471	283	754	4.10	3.47	3.86
15-19 years	471	481	952	6.77	5.23	6.00
20-24 years	397	424	821	9.97	7.92	8.91
25-29 years	243	362	605	13.94	10.66	11.98
30-34 years	159	240	399	16.61	12.86	14.36
35-39 years	103	198	301	20.20	14.86	16.69
40-44 years	76	128	204	24.59	16.82	19.72
45-49 years	48	90	138	24.03	17.95	20.06
50-54 years	39	38	77	28.04	23.18	26.68
55-59 years	22	28	50	29.95	23.34	26.25
60-64 years	9	11	20	29.33	22.91	25.80
65-69 years	1	5	6	12.50	28.80	26.08
70 years and over	—	3	3	—	26.00	26.00
Total	2,316	2,455	4,771			
Average Present Age and Average Length of Residence	21.68	25.39	23.59	9.88	9.35	9.63

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS
IN RESIDENCE, 1933

Table 105 compares the present age and average length of school stay of patients in residence on September 30, 1933. Here it will be observed that the majority of resident cases fell in the age group 15-19 years, with 952 patients within that classification on September 30, 1933. Eight hundred and twenty-one patients are found to be within the age group 20-24 years, while 754 patients are found in the age group 10-14 years. Whereas we found in the previous table (Table 104) that

the majority of cases fell in the age groups between 5 and 19 years, Table 105 indicates that the present age of these patients shows the greater numbers in the age groups between 10 and 24 years, a difference of five years.

The longest average length of residence is found among those cases whose present age is between 50 and 54 years, 26.68 years. The age groups 55-59 years and 60-64 years are next in order with 26.25 and 25.80 years, respectively. The age groups 65 and over are omitted because of the few cases concerned. It is interesting to observe in this table the great increase in length of school stay as the present age of the patient increases, showing that many of these cases were admitted at comparatively young ages and have had long terms of residence within the State School.

The average present age of resident patients is 23.5 years, making a difference of 9.1 years between this age and the average age at admission, 14.4 years. The average present age of males is 21.6 years, and that of the females 25.3 years, the females averaging 3.7 years older than the males. The average length of residence for all patients was 9.6 years, 9.8 years for the males and 9.3 years for the females.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1933, BY NATIVITY AND PARENTAGE

The average admission age for all groups in the resident population is 14.4 years; 12.3 years for males and 16.4 years for females (Table 106). The native-born of the resident population were admitted at ages approximately five years younger than the foreign born, or 14.2 years for native-born compared with 19.9 years for foreign born. However, the numbers of foreign born in our State Schools are so small that a comparison of the figures based on the parentage of the native-born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.7 years; 12.1 years for males and 15.1 years for females. The native-born of native parentage were admitted at an average of 14.1 years; 12.2 years for males and 16.0 years for females. We noted previously that as a group the native-born were admitted at younger ages than the foreign-born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at younger ages than the native-born of native parentage.

TABLE 107. — *Average Age at Admission and Average Present Age of All Patients in State Schools, 1933, by School*

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Belchertown	15.58	19.18	17.67	21.65	24.79	23.47
Walter E. Fernald	12.06	15.97	13.66	24.46	28.08	25.95
Wrentham	10.46	14.70	12.89	17.81	23.87	21.28
Total	12.34	16.40	14.43	21.68	25.39	23.59

AVERAGE AGE AT ADMISSION AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1933

Table 107 again shows the average admission age for all resident population, 14.4 years. The females average 4.1 years older than the males, or 16.4 years as compared with 12.3 years. The resident population of the Belchertown State School presented the highest average age at admission, that of 17.6 years. Walter E. Fernald State School was next in order with 13.6 years, and Wrentham State School the lowest with 12.8 years. The largest sex difference is observed in the Wrentham State School, the females averaging 4.2 years older than the males at admission. The smallest difference is observed in the Belchertown State School, the females averaging 3.6 years older than the males, or 19.1 years for the females compared with 15.5 years for the males.

The average present age of the resident population is 23.5 years; 21.6 years for the males and 25.3 years for the females. In comparing the schools, we notice

TABLE 106. — Admission Age of All Patients in Residence, September 30, 1933, by Nativity, Parentage and Sex

ADMISSION AGE	AGGREGATE			NATIVE BORN									
				TOTAL			PARENTAGE						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	FOREIGN
Under 5 years	130	87	217	130	87	217	60	46	106	28	22	50	
5-9 years	856	485	1,341	832	474	1,306	340	179	519	227	153	380	
10-14 years	773	675	1,448	739	651	1,390	298	234	532	212	197	409	
15-19 years	345	583	928	332	557	889	114	203	317	97	145	242	
20-24 years	105	286	391	102	264	366	44	91	135	27	63	90	
25-29 years	46	143	189	42	130	172	14	47	61	8	38	46	
30-34 years	19	90	109	17	78	95	10	35	45	3	20	23	
35-39 years	21	57	78	19	46	65	13	20	33	3	5	8	
40-44 years	10	27	37	10	22	32	6	11	17	2	4	6	
45-49 years	6	11	17	6	10	16	1	4	5	2	1	3	
50-54 years	3	8	11	2	8	10	1	2	3	1	1	2	
55-59 years	2	2	4	2	2	4	1	1	2	—	—	1	
60 years and over	—	1	1	—	1	1	—	—	—	—	—	—	
Total	2,316	2,455	4,771	2,233	2,330	4,563	901	873	1,774	610	650	1,260	
Average Age	12.34	16.40	14.43	12.26	16.10	14.22	12.23	16.06	14.12	12.17	15.15	13.70	

TABLE 106. — *Admissions Age of All Patients in Residence, September 30, 1933, by Nativity, Parentage and Sex — Concluded*

Admission Age	NATIVE BORN — <i>Con.</i>						FOREIGN BORN			NATIVITY UNKNOWN		
	PARENTAGE — <i>Con.</i>											
	MIXED			UNKNOWN								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	40	19	59	2	—	2	—	—	—	—	—	—
5-9 years	239	131	370	26	11	37	17	6	23	7	5	12
10-14 years	195	191	386	34	29	63	24	22	46	10	2	12
15-19 years	101	162	263	20	47	67	8	26	34	5	—	5
20-24 years	25	82	107	6	28	34	3	21	24	—	1	1
25-29 years	19	33	52	1	12	13	4	11	15	—	2	2
30-34 years	4	17	21	—	6	6	2	10	12	—	2	2
35-39 years	3	15	18	—	6	6	2	10	12	—	1	1
40-44 years	2	6	8	—	1	1	—	5	5	—	—	—
45-49 years	3	5	8	1	2	3	1	1	1	—	—	—
50-54 years	—	4	4	—	1	1	—	—	—	—	—	—
55-59 years	1	—	1	—	—	—	—	—	—	—	—	—
60 years and over	—	1	1	—	—	—	—	—	—	—	—	—
Total	632	664	1,296	90	143	233	61	112	173	22	13	35
Average Age	12.57	16.56	14.61	13.18	19.84	17.27	15.36	22.41	19.92	12.04	18.65	14.50

that there is more of a spread in the average present ages than in the average admission ages. This is due to the fact that different age-at-admission groups have remained different lengths of time within the institution. The highest average present age of the resident population is observed in the Fernald State School, 25.9 years, and the lowest at the Wrentham State School, 21.2 years. Belchertown held an intermediate position with an average present age of 23.4 years.

MENTAL STATUS OF CASES IN RESIDENCE, 1933: PERCENTAGE DISTRIBUTION, BY SCHOOL

Table 108 shows that 19.0 per cent of the resident population of all schools belonged in the idiot group; 36.1 per cent in the imbecile group; 41.1 per cent in the moron group; and 3.8 per cent in the group not mentally defective.

Walter E. Fernald State School had the largest proportion of idiots, 21.5 per cent, and Belchertown the smallest, 15.8 per cent. Walter E. Fernald State School also presented the largest percentage of imbeciles, 39.5 per cent, and Belchertown the smallest, 29.4 per cent. Belchertown contained the highest proportion of morons, or 48.7 per cent, and Walter E. Fernald the lowest with 36.6 per cent. Belchertown had the highest proportion of patients not mentally defective with 6.1 per cent, and Walter E. Fernald the lowest with 2.4 per cent.

TABLE 108. — *Percentage Distribution and Mental Status of All Cases in Residence in State Schools on September 30, 1933, by School*

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	22.0	16.2	19.0	19.4	13.2	15.8	21.6	21.3	21.5	24.3	14.6	18.8
Imbecile	37.4	34.9	36.1	34.3	25.8	29.4	39.7	39.3	39.5	36.5	38.3	37.5
Moron	36.7	45.3	41.1	41.2	54.1	48.7	35.8	37.7	36.6	34.7	44.5	40.3
Not mentally defective	3.9	3.6	3.8	5.1	6.9	6.1	2.9	1.7	2.4	4.5	2.6	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average I. Q. . . . .	.43	.46	.45	.45	.51	.49	.42	.43	.42	.42	.45	.44

In considering the intelligence quotient of all patients in residence, we observe that the average for both sexes is .45; .43 for the males and .46 for the females. The highest average intelligence quotient for both sexes is seen at Belchertown, that of .49, while the lowest is seen at the Walter E. Fernald State School, that of .42. Wrentham occupies an intermediate position with an average intelligence quotient of .44 for both sexes. Belchertown presents the largest difference in average intelligence quotient between the sexes, the females averaging 6 points higher than the males, or .51 and .45 respectively.

INTELLIGENCE QUOTIENT AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1933

The intelligence quotient distribution of the resident population is shown in Table 109 by present age. The highest average I. Q. of .48 is observed in the present age group 10-14 years. (The age group 70 years and over is excluded because of the few cases concerned). The age groups 5-9 years and 20-24 years show the next highest average I. Q. of .46. With the exception of the 65-69 year group, the lowest I. Q. is noted among those with a present age of under 5 years, and in the 55-59 years group .34 and .36, respectively. On the whole, the younger ages show the higher I. Q.'s. The decrease tends to be steady after the age of 24 years.

As far as the sexes are concerned, the females show consistently higher I. Q. ratings than the males throughout all but two of the age groupings. In the age groups 5-9 years and 60-64 years the males show the higher rating. It will be noted that, on the average, the I. Q. of the females is about seven points higher than that of the males throughout the various age groups. The difference is particularly marked in the ages under 5 years and 30-34 years, where there is a 9 point difference.

The drop in I. Q. for the males tends to occur after the age of 29 is reached, while that for the females tends to occur somewhat later and after the age of 34 or 39 is reached. In the total for all groups, the average I. Q. of the females is three points higher than that of the males, or .46 as against .43 for the males.

TABLE 109. — *Present Age and Average Intelligence Quotient of all Patients in Residence in State Schools on September 30, 1933*

PRESENT AGE	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	23	19	42	.30	.39	.34
5-9 years	254	145	399	.47	.43	.46
10-14 years	471	283	754	.45	.52	.48
15-19 years	471	481	952	.44	.47	.45
20-24 years	397	424	821	.44	.49	.46
25-29 years	243	362	605	.41	.47	.45
30-34 years	159	240	399	.39	.48	.44
35-39 years	103	198	301	.38	.46	.43
40-44 years	76	128	204	.38	.45	.42
45-49 years	48	90	138	.37	.43	.41
50-54 years	39	38	77	.33	.39	.37
55-59 years	22	28	50	.32	.38	.36
60-64 years	9	11	20	.49	.37	.43
65-69 years	1	5	6	.25	.33	.31
70 years and over	—	3	3	—	.48	.48
Total	2,316	2,455	4,771	.43	.46	.45

PRESENT AGE OF ALL PATIENTS IN RESIDENCE: PERCENTAGE DISTRIBUTION

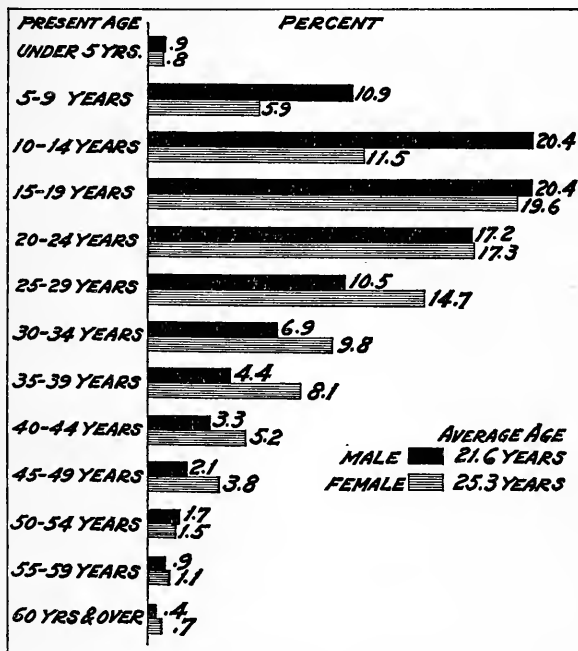
Table 110 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1933, by sex. The age group presenting the highest percentage of resident cases is that of 15-19 years, with 19.9 per cent. Next in order is the age group 20-24 years, with 17.2 per cent, and the 10-14 year group with 15.9 per cent. We notice that the three groups, 10-14, 15-19 and 20-24 years, have a total of 53 per cent of cases. We may say then that 53 per cent of the resident population of State schools are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. We note that 3.2 per cent of patients in residence are 50 years of age or higher.

TABLE 110. — *Present Age of Resident Population in State Schools on September 30, 1933, by School; Percentage Distribution*

PRESENT AGE	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years. . . . .	.9	.8	.9	.8	.5	.6	—	.3	.1	2.5	1.3	1.8
5-9 years	10.9	5.9	8.2	8.3	3.4	5.5	4.9	4.3	4.7	21.2	8.9	14.1
10-14 years	20.4	11.5	15.9	19.2	11.9	15.0	20.2	11.4	16.6	21.3	11.3	15.6
15-19 years	20.4	19.6	19.9	24.2	23.7	23.9	20.8	17.7	19.5	17.0	18.1	17.6
20-24 years	17.2	17.3	17.2	17.3	18.8	18.2	17.1	15.9	16.6	17.1	17.2	17.2
25-29 years	10.5	14.7	12.7	10.5	14.9	13.1	10.2	12.4	11.1	10.9	16.3	14.0
30-34 years	6.9	9.8	8.4	9.7	9.5	9.6	6.3	8.1	7.1	5.6	11.1	8.8
35-39 years	4.4	8.1	6.3	4.4	7.8	6.4	6.3	8.8	7.3	1.9	7.7	5.2
40-44 years	3.3	5.2	4.4	1.9	3.9	3.0	5.4	7.7	6.3	1.4	4.4	3.1
45-49 years	2.1	3.8	2.9	.6	3.3	2.2	3.8	5.7	4.6	.7	2.5	1.7
50-54 years	1.7	1.5	1.6	1.7	.5	1.0	2.6	3.9	3.1	.4	.6	.5
55-59 years . . . . .	.9	1.1	1.0	.8	1.1	.9	1.7	2.3	1.9	—	.4	.2
60-64 years . . . . .	.4	.4	.4	.4	.4	.4	—	.9	.8	—	—	.1
65-69 years . . . . .	.04	.2	.1	.2	.3	.2	—	.4	.2	—	—	—
70 years and over	—	.1	.1	—	—	—	—	.2	.1	—	.1	.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Aver. Present Age.	21.68	25.39	23.59	21.65	24.79	23.47	24.46	28.08	25.95	17.81	23.87	21.28

In considering the sex differences, we note that the males predominate in the younger age groups. The age groups under 5 years, 5-9 years, 10-14 years and 15-19 years, contain 52.6 per cent of the males in residence. The same age groups contain but 37.8 per cent of the females in residence. However, if we take the

succeeding age groups, we note that females are decidedly in the majority of all age groups over 20 years, with the exception of the age group 50-54 years. In these age groups, inclusive of the 50-54 year group, we note that there is a percentage of 47.4 for the males as compared with a percentage of 62.2 for the females. These differences are revealed somewhat in the average present age for both sexes, 23.5 years. The females average 3.7 years higher than the males, the average present age for the females being 25.3 years, and for the males, 21.6 years.



GRAPH 15. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS SEPTEMBER 30, 1933, BY SEX

The Walter E. Fernald State School shows the highest average present age of resident population with 25.9 years; 24.4 for males and 28.0 for females. Wrentham shows the lowest average, that of 21.2 years; 17.8 years for males, and 23.8 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 15.9 per cent under 10 years of age; Belchertown, 6.1 per cent; and Walter E. Fernald State School, 4.8 per cent.

LENGTH OF SCHOOL RESIDENCE AND INTELLIGENCE QUOTIENT OF ALL CASES IN RESIDENCE, 1933

In considering the length of time that all cases in residence have spent within the State schools, we note that the largest number, that of 1,270 falls in the group which has remained in residence between five and nine years, (Table 111). The second largest number, 830, is in the 10-14 year group. The smallest number, that of 36, is observed in the patients that have remained 35-39 years. Considering the difference between the sexes, we note that the females are in the majority among those patients remaining in the institution four years or less, 910 females as compared with 811 males. Among those cases remaining between five years and twenty-four years, we note that the females are again in the majority, or 1,439 cases among the females as compared with 1,338 cases among the males. In the groups remaining twenty-five years or more, we observe that the sex trend has shifted to the males and now the males are in the majority, or 167 cases for the males as compared with 106 cases for the females.

TABLE 111. — *Length of School Residence and Average Intelligence Quotient of all Patients in Residence in State Schools on September 30, 1933*

LENGTH OF SCHOOL RESIDENCE	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
0-5 months	155	98	253	.43	.45	.44
6-11 months	79	118	197	.52	.51	.52
1 year	141	181	322	.50	.54	.52
2 years	177	215	392	.51	.53	.52
3 years	139	197	336	.47	.48	.48
4 years	120	101	221	.41	.47	.44
5-9 years	628	642	1,270	.44	.46	.45
10-14 years	412	418	830	.38	.44	.41
15-19 years	178	224	402	.39	.43	.41
20-24 years	120	155	275	.35	.42	.39
25-29 years	78	49	127	.36	.35	.35
30-34 years	39	25	64	.33	.39	.36
35-39 years	24	12	36	.37	.28	.34
40 years and over	26	20	46	.34	.35	.34
Total	2,316	2,455	4,771	.43	.46	.45
Average Duration of Residence	9.88	9.35	9.63			

The second section of this table considers the average I. Q. at admission of groups remaining within the institutions for varying lengths of time. The highest average I. Q., that of .52, occurs in the groups which have remained within institutions between 6 months and two years. The lowest average I. Q., that of .34 years, is observed in the groups which have remained in institutions 35 years or more. The average I. Q. for all groups was .45 years. The females showed a slightly higher average than the males, .46 as against .43.

TABLE 112. — *County of Residence of Resident Population on September 30, 1933, and All Admissions, 1933: Rates per 100,000 of State Population*

COUNTIES	ALL CASES IN RESIDENCE SEPTEMBER 30, 1933			RATE PER 100,000 POPULATION OF SAME COUNTY	ALL CASES ADMITTED DURING YEAR ¹			RATE PER 100,000 POPULATION OF SAME COUNTY
	M.	F.	T.		M.	F.	T.	
Hampshire	56	87	143	200.	3	6	9	12.
Franklin	42	54	96	193.	3	5	8	16.
Barnstable	18	31	49	144.	2	2	4	11.
Suffolk	549	592	1,141	129.	65	48	113	12.
Berkshire	59	90	149	123.	4	4	8	6.
Hampden	198	189	387	113.	19	19	38	11.
Middlesex	537	554	1,091	111.	47	63	110	11.
Worcester	255	241	496	100.	32	14	46	9.
Bristol	179	158	337	95.	38	10	48	13.
Essex	228	227	455	91.	18	18	36	7.
Plymouth	55	83	138	85.	10	8	18	11.
Norfolk	127	134	261	81.	17	18	35	10.
Dukes	1	3	4	79.	1	2	3	59.
Nantucket	—	1	1	25.	—	—	—	—
Non-Residents	12	11	23	—	1	1	2	—
Total	2,316	2,455	4,771	110.	260	218	478	11.

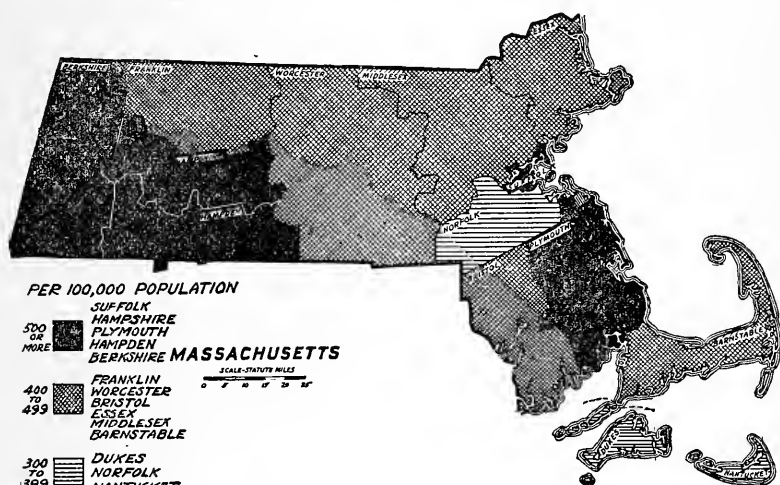
¹Does not include transfers.

COUNTY OF RESIDENCE OF RESIDENT POPULATION ON SEPTEMBER 30, 1933, AND ALL ADMISSIONS, 1933: RATES PER 100,000 OF STATE POPULATION

Table 112 and Graph 16 give the county of residence for all admissions during 1933 and also for all cases in residence on September 30, 1933. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1933, and also presents the rates per 100,000 of the population of these counties estimated as of 1933. The counties having the highest proportionate representation in our State schools at the end of the statistical year were as follows: Hampshire with 200 persons in residence in State schools per 100,000 of the population of that county; Franklin, 193; Barnstable, 144; Suffolk, 129;

and Berkshire, 123. Counties presenting the lowest rates for patients in residence in State schools are: Nantucket, 25; Dukes, 79; and Norfolk, 81. The rate for the entire State was 110 persons in residence in State schools per 100,000 of the population of the State on April 1, 1933.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1933 per 100,000 population of the same county of residence. We note that Franklin and Bristol Counties show the highest rates with 16 and 13 persons, respectively, admitted to State schools during 1933 per 100,000 of the population of these counties. (Dukes County shows a rate of 59 but only three cases were admitted from this county during the year and it is not considered in the discussion). Next in order are Hampshire and Suffolk, 12 each and Barnstable, Hampden, Middlesex and Plymouth with 11 persons admitted per 100,000 of the population of these counties. The rate of admission for all counties combined is 11. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the last statistical year.



GRAPH 16. — PATIENTS RESIDENT IN STATE SCHOOLS, 1933. RATES PER 100,000 POPULATION OF SAME COUNTY

Graph 16 presents the patients resident in State schools on September 30, 1933, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State schools. As has been mentioned previously, Hampshire has the largest proportion of population resident within State schools, and Franklin and Barnstable counties are the second and third position, respectively. Nantucket County apparently has the lowest relative representation.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 113-175)
- B. Mental Deficiency (Tables 176-189)

Tables 113-189, Inclusive, are computed for the Statistical Year ended September 30, 1933.

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1932	12,435	12,075	24,510	941	1,341	2,282	66	61	127	1,094	1,249	2,343
Cases Admitted during Year:												
Regular Commitment Cases:												
First Admissions	1,725	1,543	3,268	224	246	470	67	39	106	257	244	501
Readmissions	407	391	798	26	52	78	3	6	9	55	68	123
Total ¹	2,132	1,934	4,066	250	298	548	70	45	115	312	312	624
Temporary Care Cases:												
First Admissions	877	692	1,569	53	37	90	688	606	1,294	68	25	93
Readmissions	207	198	405	9	19	28	166	160	326	15	10	25
Total	1,084	890	1,974	62	56	118	854	766	1,620	83	35	118
Observation Cases:												
First Admissions	359	135	494	11	3	14	138	42	180	56	24	80
Readmissions	141	91	232	32	21	53	37	24	61	20	8	28
Total	500	226	726	43	24	67	175	66	241	76	32	108
Voluntary Cases:												
First Admissions	140	77	217	—	—	—	14	10	24	1	1	2
Readmissions	61	46	107	—	—	—	8	9	17	2	—	2
Total	201	123	324	—	—	—	22	19	41	3	1	4
Total cases admitted by transfer.	251	185	436	20	24	44	—	2	2	7	12	19
Total cases admitted	4,168	3,358	7,526	375	402	777	1,121	898	2,019	481	392	873
Total cases under treatment	16,603	15,433	32,036	1,316	1,743	3,059	1,187	959	2,146	1,575	1,641	3,216
Cases Discharged during Year:												
Regular Commitment Cases:												
As recovered	204	174	378	25	31	56	1	1	2	—	—	—
As improved*	538	558	1,096	54	50	104	15	21	36	93	100	193
As unimproved*	125	99	224	7	14	21	4	2	6	12	10	22
As not insane	26	11	40	—	2	2	—	—	—	2	2	4
Died	842	812	1,654	125	116	241	3	6	9	118	131	249
Total ²	1,738	1,654	3,392	211	213	424	23	30	53	225	243	468

*Excluding transfers.

¹Includes 31 male and 10 female first admissions and 17 male and 3 female readmissions on Sane Dangerous 69 at Monson.²Includes 11 male and 5 female discharges and 11 male and 6 female deaths on Sane Dangerous 69 at Monson.

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933* — Continued

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHIOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:												
As recovered	81	18	99	1	1	2	50	13	63	17	1	18
As improved*	220	265	485	13	3	16	180	247	427	18	10	28
As unimproved*	446	429	875	25	30	55	399	379	778	5	8	13
As not insane	288	147	435	7	11	18	209	115	324	39	13	52
Died	48	27	75	16	11	27	12	8	20	3	3	6
Total	1,083	886	1,969	62	56	118	850	762	1,612	82	35	117
Observation Cases:												
As recovered	81	35	116	7	7	14	10	1	11	12	1	13
As improved*	43	40	83	5	4	9	15	18	32	15	18	33
As unimproved*	68	26	94	6	—	6	50	20	70	3	—	3
As not insane	282	108	390	23	11	34	98	29	127	43	10	53
Died	35	11	46	3	1	4	1	—	1	2	2	4
Total	509	220	729	44	23	67	177	64	241	75	31	106
Voluntary Care Cases:												
As recovered	6	9	15	—	—	—	2	3	5	—	—	—
As improved*	53	21	74	—	—	—	15	4	19	1	—	1
As unimproved*	44	33	86	—	—	—	2	4	6	—	—	—
As not insane	41	26	70	—	—	—	10	9	19	1	—	—
Died	35	38	73	—	—	—	1	—	1	—	—	—
Total	191	127	318	—	—	—	30	20	50	2	—	2
Total cases discharged by transfer	252	173	425	18	4	22	43	24	67	15	6	21
Total cases discharged during year	3,773	3,060	6,833	335	296	631	1,123	900	2,023	399	315	714
Patients on books September 30, 1933:												
Regularly committed cases	12,071	11,828	23,899	966	1,444	2,410	37	32	69	1,158	1,319	2,477
Temporary care cases	18	17	35	—	—	—	15	17	32	2	—	2
Observation cases	220	37	257	15	3	18	10	6	16	15	6	21
Voluntary cases	521	491	1,012	—	—	—	2	4	6	1	1	2
Total on books	12,830	12,373	25,203	981	1,447	2,428	64	59	123	1,176	1,326	2,502
Total number of patients actually in hospitals September 30, 1933	11,619	11,085	22,704	880	1,301	2,181	43	37	80	998	1,136	2,134
Daily average population (including patients on escape, on visit and in family care)	12,587.64	12,112.53	24,700.17	959.25	1,396.99	2,356.24	61.16	59.65	120.81	1,135.	1,293.	2,428.
Daily average population (excluding patients on escape, on visit and in family care)	11,517.15	10,939.48	22,456.63	872.05	1,268.90	2,140.95	40.51	33.14	73.65	989.	1,115.	2,104
Rated capacity of all hospitals	10,934	9,850	20,784	885	1,074	1,959	60	49	109	835.	977.	1,812
Patients on visit September 30, 1932.	906	1,014	1,920	93	112	205	22	26	48	113	139	252

Patients on visit September 30, 1933	1,042	1,044	2,086	100	135	235	21	22	43	173	182	355
Daily average number of patients on visit during year	902.68	1,009.10	1,911.78	84.50	117.29	201.79	20.65	26.51	47.16	136.	166.	302.
Patients on escape September 30, 1932	135	23	158	4	—	4	—	—	7	5	—	7
Patients on escape September 30, 1933	136	27	163	1	—	1	—	—	—	—	—	5
Daily average number of patients on escape during year	115.91	26.21	142.14	2.70	.07	2.77	—	—	—	4.09	—	4.09
Patients boarded out September 30, 1932	24	171	195	—	10	10	—	—	—	—	9	9
Patients boarded out September 30, 1933	34	217	251	—	11	11	—	—	—	—	8	8
Daily average number of patients boarded out during year	36.98	193.75	230.73	—	10.73	10.73	—	—	—	—	8.1	8.1
Ex-service men on books September 30, 1932	1,696	9	1,705	24	2	26	12	—	12	49	1	50
Ex-service men on books September 30, 1933	1,787	9	1,796	30	2	32	15	—	15	47	1	48
Daily average number actually in hospitals during year	1,636.49	9.23	1,645.72	27.22	2.00	29.22	8.75	—	8.75	46.	1.	47.
Daily average number on books during year	1,787.26	9.37	1,796.63	34.24	2.00	36.24	11.43	—	11.43	48.	1.	49.
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	9,523	9,531	19,054	803	1,135	1,938	43	35	78	889	901	1,790
Reimbursing	785	1,548	2,333	77	165	242	—	2	2	109	235	344
Ex-service patients for whom pay is received from the Federal Government	1,311	6	1,317	—	1	1	—	—	—	—	—	—
Non-insane patients actually in hospitals on September 30, 1932:												
Mentally defective	109	77	186	4	7	11	2	1	3	—	3	3
Epileptic	418	367	785	—	—	—	—	—	—	—	—	—
Others	82	36	118	10	7	17	7	5	12	7	2	9
Total	609	480	1,089	14	14	28	9	7	16	7	5	12
Non-insane patients actually in hospitals on September 30, 1933:												
Mentally defective	101	64	165	3	6	9	1	—	1	—	1	1
Epileptic	393	340	733	—	—	—	—	—	—	—	—	—
Others	66	33	99	9	5	14	9	9	18	6	3	9
Total	560	437	997	12	11	23	10	9	19	7	4	11

*Excluding Transfers

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933 — Continued*

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1932	545	665	1,210	830	645	1,475	670	787	1,457	788	1,090	1,878	639	634	1,273
<i>Cases Admitted during Year:</i>															
Regular Commitment Cases:															
First Admissions	105	110	215	38	37	75	37	12	49	59	54	113	—	—	—
Readmissions	17	15	32	7	10	17	4	5	9	13	18	31	—	—	—
Total	122	125	247	45	47	92	41	17	58	72	72	144	—	—	—
Temporary Care Cases:															
First Admissions	6	1	7	9	6	15	1	—	1	3	3	6	—	—	—
Readmissions	1	2	3	2	—	2	—	—	—	1	1	2	—	—	—
Total	7	3	10	11	6	17	1	—	1	4	4	8	—	—	—
Observation Cases:															
First Admissions	14	2	16	4	1	5	—	—	—	3	—	3	—	—	—
Readmissions	3	1	4	—	1	1	1	4	5	3	1	4	—	—	—
Total	17	3	20	4	2	6	1	4	5	6	1	7	—	—	—
Voluntary Cases:															
First Admissions	—	—	—	2	3	5	—	—	—	—	—	—	—	—	—
Readmissions	—	1	1	1	5	6	—	—	—	—	—	—	—	—	—
Total	—	1	1	3	8	11	—	—	—	—	—	—	—	—	—
Total cases admitted by transfer	3	11	14	2	2	4	1	23	24	38	36	74	10	35	45
Total cases admitted	149	143	292	65	65	130	44	44	88	120	113	233	10	35	45
Total cases under treatment	694	808	1,502	895	710	1,605	714	831	1,545	908	1,203	2,111	649	669	1,318
<i>Cases Discharged during Year:</i>															
Regular Commitment Cases:															
As recovered	4	3	7	—	—	—	6	4	10	—	—	—	6	4	10
As improved*	26	29	55	11	22	33	4	8	12	26	46	72	6	4	10
As unimproved	8	3	11	—	1	1	2	2	4	2	—	—	5	3	8
As not insane	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
Died	2	41	100	27	27	54	31	38	69	57	51	108	7	6	13
Total	99	76	175	40	50	90	43	52	95	85	97	182	24	17	41

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933 — Continued*

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1933:															
Regularly committed cases	551	719	1,270	831	641	1,472	656	770	1,426	798	1,096	1,894	615	640	1,255
Temporary care cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	2	—	2	2	1	3	—	—	—	2	—	—	1	—	1
Voluntary cases	2	—	2	—	1	1	—	—	—	2	1	3	—	—	—
Total on books	555	719	1,274	833	643	1,476	656	770	1,426	802	1,097	1,899	616	640	1,256
Total number of patients actually in hospitals September 30, 1933.	502	655	1,157	776	528	1,304	650	750	1,400	759	1,027	1,786	599	622	1,221
<i>Averages</i>															
Daily average population (including patients on escape, on visit and in family care)	550.82	688.82	1,239.65	831.10	645.88	1,476.98	659.93	713.87	1,373.80	797.37	1,098.79	1,896.16	628.87	631.04	1,259.91
Daily average population (excluding patients on escape, on visit and in family care)	500.57	630.98	1,131.55	779.31	538.03	1,317.34	652.66	750.71	1,403.37	748.39	1,020.96	1,769.35	605.15	610.50	1,215.65
Rated capacity of the hospitals	430	557	987	607	606	1,213	694	598	1,292	642	962	1,604	705	667	1,372
Patients on visit September 30, 1932	38	48	86	20	30	50	7	14	21	32	60	92	18	19	37
Patients on visit September 30, 1933	36	61	97	23	35	58	4	7	11	22	43	65	16	14	30
Daily average number of patients on visit during year	34.94	54.50	89.44	21.38	36.40	57.78	5.64	12.38	18.02	30.65	49.97	80.62	20.33	18.64	38.97
Patients on escape September 30, 1932	15	3	18	19	1	20	—	—	—	17	13	30	6	—	6
Patients on escape September 30, 1933	17	3	20	30	1	31	1	—	1	21	16	37	1	2	3
Daily average number of patients on escape during year	15.30	3.34	18.64	24.66	1.03	25.69	.19	—	.19	18.12	15.24	33.36	3.39	1.18	4.57
Patients boarded out September 30, 1932	—	—	—	6	72	78	2	6	8	—	—	10	—	—	—
Patients boarded out September 30, 1933	—	—	—	4	79	83	1	13	14	—	—	11	—	2	2
Daily average number of patients boarded out during year	—	—	—	5.73	70.42	76.15	1.44	10.78	12.22	.20	12.61	12.81	—	.72	.72

Ex-service men on books September 30, 1932	27	1	28	14	-	14	7	-	7	26	-	26	-	23
Ex-service men on books September 30, 1933	26	1	27	9	-	9	6	-	6	18	-	18	-	21
Daily average number actually in hospitals during year	24.70	1.00	25.70	11.75	-	11.75	5.97	-	5.97	19.91	-	19.91	-	22.40
Daily average number on books during year	26.00	1.00	27.00	12.50	-	12.50	7.71	-	7.71	19.91	-	19.91	-	23.40
Support of patient population (exclusive of patients on escape and on visit):														
Supported by the State	458	551	1,009	746	483	1,229	625	718	1,343	729	969	1,698	563	1,117
Reimbursing	44	103	147	30	45	75	25	32	57	30	58	88	36	104
Ex-service patients for whom pay is received from the Federal Government	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Non-insane patients actually in hospitals on September 30, 1932:														
Mentally defective	13	8	21	34	27	61	2	2	4	-	-	-	-	-
Epileptic	2	-	2	3	2	5	1	1	2	4	1	5	-	-
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	15	8	23	37	29	66	3	3	6	4	1	5	-	-
Non-insane patients actually in hospitals on September 30, 1933:														
Mentally defective	14	7	21	30	17	47	2	3	5	1	-	1	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	1	-	1	1	-	1	-	2	2	1	1	2	-	-
Total	15	7	22	31	17	48	2	5	7	2	1	3	-	-

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933* — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1932	844	1,044	1,888	841	865	1,706	715	968	1,683	1,242	1,300	2,542	756	777	1,533
<i>Cases Admitted during Year</i>															
Regular commitment cases:															
First Admissions . .	189	189	378	172	145	317	156	197	353	262	222	484	37	16	53
Readmissions . . .	41	55	96	37	40	77	41	39	80	52	67	119	17	3	20
Total	230	244	474	209	185	394	197	236	433	314	289	603	54	19	73
Temporary care cases:															
First Admissions . .	10	3	13	16	4	20	4	2	6	9	1	10	—	—	—
Readmissions . . .	—	2	2	4	—	4	—	—	—	7	4	11	—	—	—
Total	10	5	15	20	4	24	4	2	6	16	5	21	—	—	—
Observation cases:															
First Admissions . .	18	11	29	32	9	41	16	11	27	59	32	91	—	—	—
Readmissions . . .	1	—	1	4	4	8	18	12	30	17	15	32	—	—	—
Total	19	11	30	36	13	49	34	23	57	76	47	123	—	—	—
Voluntary cases:															
First Admissions . .	1	—	1	4	3	7	1	2	3	2	—	2	79	45	124
Readmissions . . .	1	—	1	2	2	4	—	1	1	6	9	15	12	12	24
Total	2	—	2	6	5	11	1	3	4	8	9	17	91	57	148
Total cases admitted by transfer	3	5	8	4	1	5	6	14	20	19	16	35	1	2	3
Total cases admitted . .	264	265	529	275	208	483	242	278	520	433	366	799	146	78	224
Total cases under treatment	1,108	1,309	2,417	1,116	1,073	2,189	957	1,246	2,203	1,675	1,666	3,341	902	855	1,757
<i>Cases Discharged during Year</i>															
Regular Commitment cases:															
As recovered	30	25	55	32	28	60	47	54	101	19	20	39	—	—	—
As improved* . . .	32	70	102	38	33	71	24	36	60	117	121	238	1	1	2
As unimproved* . .	8	6	14	2	4	6	13	17	30	26	22	48	10	6	16
As not insane . . .	4	—	4	—	1	1	3	—	3	1	6	7	—	—	—
Died	55	73	128	95	70	165	72	98	170	114	108	222	17	16	33
Total	129	174	303	167	136	303	159	205	364	277	277	554	28	23	51

TABLE 113. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933 — Continued*

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1933:															
Regularly committed . . .	918	1,109	2,027	841	843	1,684	736	991	1,727	1,265	1,312	2,577	323	308	631
Temporary care cases . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases . . .	13	9	22	5	4	9	3	3	6	7	5	12	—	—	—
Voluntary cases . . .	2	—	2	3	3	6	2	3	5	4	3	7	472	463	935
Total on books . . .	933	1,118	2,051	849	850	1,699	741	997	1,738	1,276	1,320	2,596	795	771	1,566
Total number of patients actually in hospitals Sept. 30, 1933 . . .	815	993	1,808	755	752	1,507	628	876	1,504	1,081	1,100	2,181	698	714	1,412
<i>Averages</i>															
Daily average population (including patients on escape, on visit and in family care) . . .	890.61	1,075.57	1,966.18	849.56	881.87	1,731.43	731.53	981.51	1,713.04	265.83	1,286.93	2,552.76	693.06	720.33	1,413.39
Daily average population (excluding patients on escape, on visit and in family care) . . .	798.13	947.98	1,746.11	773.02	786.38	1,559.40	626.13	850.80	1,476.93	1,071.08	1,073.52	2,144.60	660.22	691.42	1,351.64
Rated capacity of the hospitals . . .	748	818	1,566	562	594	1,156	534	753	1,287	1,226	1,029	2,255	531	528	1,059
Patients on visit Sept. 30, 1932. . .	75	127	202	71	82	153	86	118	204	157	176	333	70	52	112
Patients on visit Sept. 30, 1933. . .	99	121	220	94	94	188	95	103	198	170	148	318	78	57	135
Daily average number of patients on visit during year . . .	80.25	124.57	204.57	75.42	91.90	167.32	89.64	112.31	201.95	161.	153.	314.	30.51	28.77	59.28
Patients on escape Sept. 30, 1932. . .	9	—	9	2	—	2	2	1	3	23	5	28	15	—	15
Patients on escape Sept. 30, 1933. . .	19	—	19	—	1	1	6	2	8	8	2	10	19	—	19
Daily average number of patients on escape during year . . .	12.10	—	12.10	1.11	.55	1.66	4.15	1.25	5.40	15.75	3.41	19.16	2.33	.14	2.47

Patients boarded out Sept. 30, 1932	-	4	4	-	4	4	10	17	27	6	39	45	-	-	-
Patients boarded out Sept. 30, 1933	-	4	4	-	3	3	12	16	28	17	70	87	-	-	-
Daily average number of patients boarded out during year	-	3.22	3.22	-	3.03	3.03	11.61	17.14	28.75	18.	57.	75.	-	-	-
Ex-service men on books Sept. 30, 1932	31	-	31	38	-	38	29	4	33	54	-	54	10	-	10
Ex-service men on books Sept. 30, 1933	38	-	38	39	-	39	23	4	27	53	-	53	8	-	8
Daily average number actually in hospitals during year	26.90	-	26.90	40.83	-	40.83	26.74	4.00	30.74	55.30	-	55.30	5.89	-	5.89
Daily average number on books during year	35.80	-	35.80	43.83	-	43.83	32.92	4.00	36.92	60.00	-	60.00	8.98	-	8.98
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State	722	773	1,495	700	647	1,347	527	635	1,162	1,007	982	1,989	666	673	1,339
Reimbursing	93	220	313	55	105	160	101	237	338	74	118	102	32	41	73
Ex-service patients for whom pay is received from the Federal Government	-	-	-	-	-	-	-	4	4	-	-	-	-	-	-
Non-insane patients actually in hospitals on Sept. 30, 1932:															
Mentally defective	22	17	39	1	-	1	-	2	2	-	-	-	416	366	782
Epileptic	-	1	-	2	1	3	3	6	9	11	5	16	5	3	8
Others	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
Total	24	18	42	3	1	4	3	8	11	11	5	16	421	369	790
Non-insane patients actually in hospitals on Sept. 30, 1933:															
Mentally defective	19	17	36	-	-	-	-	1	1	1	3	4	391	340	731
Epileptic	-	-	-	1	2	3	4	7	11	7	2	9	1	1	2
Others	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Total	20	17	37	1	2	3	4	8	12	8	5	13	392	341	733

TABLE 113. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1933 — Continued

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1932	85	127	212	949	—	949	141	522	663	709	—	709	580	—	580
<i>Cases Admitted during Year:</i>															
Regular Commitment Cases:															
First Admissions	24	32	56	50	—	50	—	—	—	34	—	34	14	—	14
Readmissions	8	13	21	12	—	12	—	—	—	51	—	51	23	—	23
Total	32	45	77	62	—	62	—	—	—	85	—	85	37	—	37
Temporary Care Cases:															
First Admissions	9	4	13	—	—	—	—	—	—	1	—	1	—	—	—
Readmissions	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Total	10	4	14	—	—	—	—	—	—	2	—	2	—	—	—
Observation Cases:															
First Admissions	—	—	—	8	—	8	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	5	—	5	—	—	—	—	—	—	—	—	—
Total	—	—	—	13	—	13	—	—	—	—	—	—	—	—	—
Voluntary Cases:															
First Admissions	7	13	20	—	—	—	—	—	—	22	—	22	7	—	7
Readmissions	8	7	15	—	—	—	—	—	—	18	—	18	3	—	3
Total	15	20	35	—	—	—	—	—	—	40	—	40	10	—	10
Total cases admitted by transfer.	3	1	4	3	—	3	—	1	1	117	—	117	14	—	14
Total cases admitted	60	70	130	78	—	78	—	1	1	244	—	244	61	—	61
Total cases under treatment	145	197	342	1,027	—	1,027	141	523	664	953	—	953	641	—	641
<i>Cases Discharged during Year:</i>															
Regular Commitment Cases:															
As recovered	2	4	6	21	—	21	—	—	—	8	—	8	3	—	3
As improved*	10	14	24	4	—	4	1	3	4	60	—	60	16	—	16
As unimproved*	1	9	10	2	—	2	2	—	2	16	—	16	5	—	5
As not insane	2	—	2	5	—	5	—	—	—	7	—	7	1	—	1
Died	4	5	9	26	—	26	14	26	40	13	—	13	5	—	5
Total	19	32	51	58	—	58	17	29	46	104	—	104	30	—	30

Ex-service men on books September 30, 1932	6	1	7	56	-	56	1	-	1	709	-	709	580	-	580
Ex-service men on books September 30, 1933	8	1	9	49	-	49	1	-	1	816	-	816	580	-	580
Daily average number actually in hospitals during year	5.63	1.23	6.86	51.50	-	51.50	1.00	-	1.00	709.00	-	709.00	547.	-	547.
Daily average number on books during year	6.52	1.37	7.89	51.50	-	51.50	1.00	-	1.00	783.52	-	783.52	580.	-	580.
Support of patient population (exclusive of patients on escape and on visit):															
Supported by the State	71	106	177	929	-	929	116	475	591	-	-	-	-	-	-
Reimbursing				7	-	7	1	13	14	-	-	-	-	-	-
Ex-service patients for whom pay is received from the Federal Government	-	-	-	2	-	2	-	-	-	758	-	758	551	-	551
Non-insane patients actually in hospitals on September 30, 1932:															
Mentally defective	-	-	-	22	-	22	4	10	14	-	-	-	5	-	5
Epileptic	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-
Others	2	2	4	5	-	5	-	-	-	13	-	13	5	-	5
Total	2	2	4	29	-	29	4	10	14	13	-	13	10	-	10
Non-insane patients actually in hospitals on September 30, 1933:															
Mentally defective	-	-	-	22	-	22	4	9	13	-	-	-	4	-	4
Epileptic	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Others	3	1	4	11	-	11	-	-	-	9	-	9	2	-	2
Total	3	1	4	34	-	34	4	9	13	9	-	9	6	-	6

TABLE 114. — *Deportation of Insane, Mentally Defective and Epileptic from Public Institutions for the Year ended November 30, 1933*¹

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1932.									
Since reported	32	22	54	12	8	20	20	14	34
	93	84	177	72	67	139	21	17	38
Total cases under consideration	125	106	231	84	75	159	41	31	72
Deported	70	49	119	54	42	96	16	7	23
Viz: Other states	47	41	89	47	41	88	—	—	—
Special cases not landed under Immigration Laws and deported	18	7	25	7	1	8	11	6	17
Discharged	5	1	6	—	—	—	5	1	6
Viz: Care of friends	14	15	29	8	10	18	6	5	11
Escaped	10	13	23	4	8	12	6	5	11
Transferred to Veterans or private hospitals	1	1	2	1	1	2	—	—	—
Returned to State Prison	2	1	3	2	1	3	—	—	—
Dropped from further consideration	1	—	1	1	—	1	—	—	—
Viz: Rejected by Commissioner of Immigration	13	9	22	10	7	17	3	2	5
Rejected by the Department	3	1	4	—	—	—	3	1	4
Total cases closed	99	75	174	73	60	133	26	15	41
Cases pending November 30, 1933.	26	31	57	11	15	26	15	16	31
Viz: Not in condition to deport.	3	—	3	2	—	2	1	—	1
Awaiting action	21	27	48	8	12	20	13	15	28
On visit	2	4	6	1	3	4	1	1	2

¹Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

TABLE 115. — *Small Private Hospitals and Schools: Number under Care*

	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bournewood, George H. Torney, M.D.	2	9	11	2	8	10	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Channing Sanitarium, Inc., Donald Gregg, M.D.	9	21	30	2	15	17	6	5	11	—	—	—	—	—	—	—	—	—	1	1	2
Herbert Hall Hospital, Walter C. Haviland, M.D.	—	6	6	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wiswall Sanatorium, Inc., Harry O. Spalding, M.D.	6	21	27	4	21	25	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Dr. Reeves' Nervine, Fred B. Jewett, M.D.	1	5	6	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M.D.	9	30	39	3	19	22	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Glenside, Mabel D. Ordway, M.D.	6	65	71	4	51	55	—	4	4	—	—	—	—	—	—	—	—	—	5	6	11
Westwood Lodge, Wm. J. Hammond, M.D.	10	11	21	7	10	17	—	—	—	—	—	—	—	—	—	—	—	—	2	2	9
Private Hospital, Frederick L. Taylor, M.D.	4	—	4	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	1	—	—
Washingtonian Home, Hugh Barr Gray, M.D.	9	—	9	—	—	—	—	—	—	9	—	9	—	—	—	—	—	—	—	—	—
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M.D.	18	5	23	—	—	—	—	—	—	—	—	—	18	5	23	—	—	—	—	—	—
Standish Manor, Miss Alice M. Meyers	—	6	6	—	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—
Perkins School of Adjustment, Franklin H. Perkins, M.D.	16	16	32	—	—	—	—	—	—	—	—	—	16	16	32	—	—	—	—	—	—
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	3	4	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—
Kittredge Farm, Joseph Kittredge, M.D.	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
The Freer School, Miss Cora E. Morse	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clarke School, Miss Edith G. Clarke	8	8	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	102	210	312	23	134	157	7	13	20	12	—	12	43	39	82	1	5	6	16	19	35

¹Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 116. — *Country of Birth and Parentage of First Court Admissions to Hospitals for Mental Diseases, 1933, by Sex¹*

NATIVITY				PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	—	—	—	—	—	—	1	1	—	1	1	1
Austria	5	11	16	9	7	7	10	11	9	10	11	9
Belgium	—	2	2	—	1	1	2	2	2	2	2	2
Canada ¹	149	160	309	233	227	180	233	232	192	233	232	192
China	5	2	7	5	7	5	1	2	1	1	2	1
Czecho-Slovakia	3	—	3	4	4	—	—	1	—	—	1	—
Denmark	—	2	8	5	3	3	1	1	1	1	1	1
England	37	47	84	62	64	46	84	74	60	84	74	60
Finland	14	9	23	19	18	17	14	14	14	14	14	14
France	5	2	7	8	5	4	4	5	2	4	5	2
Germany	16	16	32	29	26	23	33	28	25	33	28	25
Greece	11	6	17	14	13	13	—	8	—	8	8	8
Holland	—	—	—	—	—	—	—	1	—	—	1	—
Hungary	—	1	1	2	2	2	3	2	2	3	2	2
Ireland	110	149	259	308	321	278	313	319	270	313	319	270
Italy	82	47	129	111	107	106	61	59	59	61	59	59
Japan	1	—	1	1	1	1	—	—	—	—	—	—
Mexico	—	1	1	—	—	—	1	1	—	1	1	—
Norway	2	4	6	3	3	2	4	4	3	4	4	3
Philippine Islands	—	1	1	—	—	—	—	1	—	—	1	—
Poland	48	34	82	66	67	66	48	45	45	48	45	45
Portugal	22	16	38	32	32	32	24	23	22	24	23	22
Rumania	1	—	1	1	1	1	—	—	—	—	—	—
Russia	35	31	66	55	51	50	56	53	53	56	53	53
Scotland	5	13	18	23	16	11	20	23	13	20	23	13
Spain	—	—	—	1	2	1	1	—	—	1	—	—
South America	1	—	1	—	1	—	—	—	—	—	—	—
Sweden	19	22	41	37	35	32	34	32	32	34	32	32
Switzerland	1	1	2	2	2	1	1	1	1	1	1	1
Turkey in Asia	—	1	1	—	—	—	—	—	—	—	—	—
Turkey in Europe	—	6	6	5	6	5	3	3	3	3	3	3
United States	1,071	925	1,996	535	537	451	467	473	395	467	473	395
Wales	—	—	—	1	1	1	—	—	—	—	—	—
West Indies ³	2	6	8	2	2	2	8	7	7	8	7	7
Other countries ⁴	36	17	53	45	47	45	25	22	22	25	22	22
Unknown	3	5	8	76	84	61	72	81	59	72	81	59
Total	1,694	1,533	3,227	1,694	1,694	1,450	1,533	1,533	1,303	1,533	1,533	1,303

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans Administration Facilities No. 107 and 95²Includes Newfoundland³Except Cuba and Porto Rico⁴Includes Europe and Asia not specified; also born at sea.

TABLE 117. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1933, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			TOTAL						NATIVE BORN						FOREIGN BORN			NATIVITY UNKNOWN			
							NATIVE			FOREIGN			MIXED			UNKNOWN						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
0-19 years	78	84	162	73	76	149	31	30	61	27	34	61	14	11	25	5	8	13		M.	F.	T.
20-29 years	266	183	449	223	157	380	74	55	129	91	59	150	52	36	88	43	26	69				
30-39 years	279	281	560	204	179	383	74	72	146	69	55	124	52	50	102	75	102	177				
40-49 years	314	263	577	174	138	312	82	52	134	62	37	89	35	44	79	140	125	265				
50-59 years	256	228	484	130	111	241	62	43	105	41	39	80	25	24	49	126	116	242				
60-69 years	228	214	442	114	106	220	41	51	92	50	30	80	14	18	32	9	7	16				
70-79 years	215	172	387	119	92	211	63	40	103	35	32	67	13	11	24	8	9	17				
80 years and over	58	108	166	34	66	100	22	46	68	1	5	6	9	6	15	2	9	11				
Total	1,694	1,533	3,227	1,071	925	1,996	449	389	838	366	291	657	214	200	414	42	45	87				
																620	603	1,223				
																				M.	F.	T.

TABLE 118. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1933, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN										FOREIGN BORN		NATIVITY UNKNOWN		
	TOTAL			NATIVE			PARENTAGE						UNKNOWN					
							FOREIGN			MIXED								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
0-19 years	6	5	11	1	3	4	3	2	5	2	1	2	1	1	2	—	—	—
20-29 years	59	50	109	16	13	29	26	18	44	13	11	24	1	—	—	—	—	—
30-39 years	99	76	175	27	24	51	33	13	46	14	14	28	1	1	2	4	8	12
40-49 years	87	91	178	28	26	54	12	18	30	12	13	25	2	—	—	23	25	48
50-59 years	67	98	165	13	26	39	14	24	38	11	14	25	1	—	—	33	34	67
60-69 years	51	40	91	16	12	28	13	9	22	5	3	8	1	—	—	28	34	62
70-79 years	18	23	41	3	8	11	3	3	6	1	1	2	1	—	—	17	16	33
80 years and over	3	5	8	1	3	4	1	1	2	1	1	2	1	—	—	11	11	22
Total	390	388	778	104	115	219	105	87	192	58	56	114	4	—	4	118	130	248

TABLE 119. — *Admission Ages of All Temporary Admissions to Hospitals for Mental Diseases, 1933, by Nativity, Parentage and Sex*

	155			137			292			146			131			277			64			51			115			47			49			96			32			29			61			3			2			5			9			6			15																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

TABLE 120. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	15	-	15	1	-	1	3	-	3	3	-	3	1	-	1	4	-	4	2	-	2	1	-	1	-	-	-
Senile	83	160	243	-	-	-	-	-	-	-	-	-	-	-	-	-	5	6	20	46	66	39	55	94	23	54	77
With cerebral arteriosclerosis	351	310	661	-	-	-	-	-	-	-	-	-	5	8	13	41	42	83	112	109	221	159	101	260	34	50	84
General paralysis	170	39	209	3	1	4	6	4	10	40	12	52	63	8	71	37	7	44	19	4	23	2	2	4	-	1	1
With cerebral syphilis	21	10	31	-	-	-	1	-	1	4	4	8	7	4	11	5	2	7	3	-	3	1	-	1	-	-	-
With Huntington's chorea	6	-	6	-	-	-	-	-	-	-	-	-	3	-	3	1	-	1	1	-	1	1	-	1	-	-	-
With brain tumor	51	40	91	2	4	6	-	4	5	9	6	11	17	3	24	7	10	17	10	4	14	3	-	3	1	-	1
With other brain or nervous diseases	184	21	205	1	-	1	9	1	10	36	4	40	58	8	66	52	4	56	25	2	27	3	2	5	-	-	-
Alcoholic	7	6	13	1	-	1	1	1	2	3	1	4	-	1	1	1	-	1	-	2	2	1	1	2	-	-	-
Due to drugs and other exogenous toxins	1	1	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	1	1	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	35	75	110	2	5	7	2	9	11	6	16	22	8	18	26	10	13	23	5	7	12	2	5	7	-	2	2
Manic-depressive	180	212	392	15	12	27	36	33	69	30	67	97	42	48	90	40	37	77	15	13	28	2	1	3	-	1	1
Involuntional melancholia	32	48	80	-	-	-	-	-	-	-	-	-	8	19	27	17	24	41	7	5	12	-	-	4	-	-	-
Dementia praecox	354	395	749	33	36	69	151	90	241	102	117	219	53	89	142	13	48	61	2	11	13	-	-	4	-	-	-
Paranoia or paranoid conditions	34	59	93	-	-	-	1	-	1	10	6	16	11	27	38	9	19	28	2	7	9	1	-	1	-	-	-
Epileptic psychoses	18	16	34	3	2	5	3	3	6	6	6	12	4	2	6	2	2	4	1	1	1	-	-	-	-	-	-
Psychoneuroses and neuroses	30	38	68	2	1	3	7	10	17	8	15	23	11	6	17	1	5	6	1	1	2	-	-	-	-	-	-
With psychopathic personality	18	13	31	3	3	6	4	2	6	3	5	8	7	1	8	1	2	3	-	-	-	-	-	-	-	-	-
With mental deficiency	68	64	132	9	13	22	27	16	43	14	14	28	7	16	23	9	4	13	2	1	3	-	-	-	-	-	-
Undiagnosed psychoses	10	12	22	1	1	2	1	6	7	1	1	2	2	1	3	4	2	6	1	1	2	-	-	-	-	-	-
Without psychoses	24	13	37	2	6	8	10	3	13	6	2	8	6	1	7	-	1	1	-	-	-	-	-	-	-	-	-
No associated condition	6	2	8	-	1	1	4	-	4	1	1	2	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Epilepsy	1	-	1	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epilepsy with mental deficiency	4	4	8	2	3	5	1	1	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	5	4	9	-	-	-	3	2	5	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholism	3	1	4	-	-	-	-	-	-	1	-	1	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-
Drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychopathic personality	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other conditions	2	1	3	-	-	-	1	-	1	2	1	3	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
Total	1,694	1,533	3,227	78	84	162	266	183	449	279	281	560	314	263	577	256	228	484	228	214	442	215	172	387	58	108	166

TABLE 121. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL		0-19 YEARS		20-29 YEARS		30-39 YEARS		40-49 YEARS		50-59 YEARS		60-69 YEARS		70-79 YEARS		80 YEARS AND OVER										
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
Traumatic	1	-	1	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-									
Senile	4	11	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
With cerebral arteriosclerosis	21	24	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
General paralysis	14	5	19	-	-	-	-	3	1	4	-	1	6	7	13	5	6	1									
With cerebral syphilis	6	-	6	-	-	-	-	2	2	3	-	3	3	6	2	6	14	2									
With Huntington's chorea	1	1	2	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-									
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
With other brain or nervous diseases	5	6	11	-	-	-	3	1	2	3	-	-	-	-	-	-	-	-									
Alcoholic	36	5	41	-	-	-	-	7	1	8	-	10	1	11	5	1	6	4									
Due to drugs and other exogenous toxins	3	3	6	-	-	-	-	1	1	1	-	1	2	2	1	1	1	1									
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
With other somatic diseases	2	8	10	-	-	-	1	1	2	1	3	4	-	2	2	-	-	-									
Manic-depressive	97	131	228	1	1	2	6	16	22	16	29	45	28	37	65	26	15	41									
Involutional melancholia	4	12	16	-	-	-	-	-	-	-	3	3	3	8	11	1	1	2									
Dementia praecox	153	142	295	4	2	6	39	29	68	58	38	96	36	38	74	16	26	42									
Paranoia or paranoid conditions	7	13	20	-	-	-	2	1	2	1	2	2	1	4	5	3	6	9									
Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Psychoneuroses and neuroses	5	9	14	-	-	-	1	1	2	3	2	5	1	1	2	1	1	1									
With psychopathic personality	4	5	9	-	-	-	3	1	4	1	1	2	3	1	1	-	-	-									
With mental deficiency	16	11	27	1	1	2	4	1	5	5	2	7	5	4	9	1	1	1									
Undiagnosed psychoses	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-									
Without psychoses	3	2	5	-	-	-	1	1	1	-	-	-	1	1	3	-	-	-									
No associated condition	1	-	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-	-									
Epilepsy	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-									
Epilepsy with mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Mental deficiency	-	2	2	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-									
Alcoholism	1	-	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-									
Drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Psychopathic personality	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-									
Other conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									
Total	390	388	778	6	5	11	59	50	109	99	76	175	87	91	178	67	98	165	51	40	91	18	23	41	3	5	8

TABLE 123. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1933, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	224	246	470	14	7	21	21	16	37	29	36	65	21	39	60	42	37	79	38	41	79	51	46	97	8	24	32
Boston Psychopathic	67	39	106	4	3	7	11	15	26	19	9	28	19	7	26	12	5	17	2	—	2	—	—	—	—	—	—
Danvers	257	244	501	16	16	32	42	34	76	34	41	75	45	40	85	36	25	61	44	43	87	31	26	57	9	19	28
Foxborough	105	110	215	2	9	11	24	21	45	26	23	43	20	13	33	13	19	32	13	11	24	8	9	17	5	5	10
Grafton	38	37	75	1	3	4	8	6	14	5	7	12	8	2	10	4	5	9	4	4	8	7	7	14	1	3	4
Medford	37	12	49	1	1	2	5	3	8	4	1	5	6	4	10	11	2	13	5	—	5	4	1	5	1	—	1
Northampton	59	54	113	2	5	7	8	5	13	11	19	30	9	9	18	9	6	15	5	5	10	10	3	13	5	2	7
Northampton	189	189	378	11	8	19	35	13	48	36	34	70	36	37	73	26	33	59	19	20	39	21	21	42	5	23	28
Taunton	172	145	317	5	6	11	21	10	31	21	28	49	33	28	61	26	25	51	33	16	49	26	21	47	7	11	18
Westborough	156	197	353	4	10	14	30	23	53	16	31	47	29	41	70	27	40	67	26	32	58	19	14	33	5	6	11
Worcester	262	222	484	12	12	24	34	28	62	45	44	89	48	37	85	45	29	74	29	37	66	37	21	58	12	14	26
Monson	6	6	12	2	3	5	2	3	5	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	24	32	56	2	1	3	9	6	15	5	8	13	4	6	10	2	2	4	3	5	8	1	3	4	—	1	1
Bridgewater	50	—	50	4	—	4	16	—	16	13	—	13	12	—	12	1	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm.	34	—	34	—	—	—	—	—	—	12	—	12	19	—	19	1	—	1	2	—	—	—	—	—	—	—	—
Veterans Adm.	14	—	14	—	—	—	—	—	—	7	—	7	5	—	5	1	—	1	1	—	—	—	—	—	—	—	—
Total	1,694	1,533	3,227	78	84	162	266	183	449	279	281	560	314	263	577	256	228	484	228	214	442	215	172	387	58	108	166

TABLE 124. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1933, by Hospital and Sex*

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	26	52	78	1	1	2	6	6	12	3	6	9	2	16	18	8	11	19	3	10	13	3	2	5	-	-	-
Boston Psychopathic	3	6	9	-	-	-	1	1	2	1	3	4	-	2	2	1	-	1	-	-	-	-	-	-	-	-	-
Danvers	55	68	123	1	1	2	13	8	21	10	16	26	10	15	25	10	16	26	10	6	16	2	6	8	-	-	-
Foxborough	17	15	32	-	-	-	5	-	5	3	6	9	5	3	8	1	4	5	2	1	3	-	-	-	1	1	2
Gardner	7	10	17	1	-	1	1	1	2	1	4	5	2	2	4	-	-	1	2	2	4	-	-	-	-	-	-
Grafton	4	5	9	-	-	-	-	-	-	2	1	3	1	2	3	-	-	1	1	1	1	-	-	-	-	-	-
Medfield	13	18	31	-	-	-	2	2	4	1	5	6	4	6	10	3	4	7	3	-	3	1	-	1	-	1	1
Northampton	41	55	96	1	1	2	3	9	12	5	10	15	12	11	23	15	15	30	3	6	9	2	2	4	-	1	1
Taunton	37	40	77	1	-	1	9	4	13	7	9	16	4	9	13	5	11	16	6	3	9	4	3	7	1	1	2
Westborough	41	39	80	1	1	2	4	4	8	12	7	19	5	10	15	9	11	20	10	3	13	-	4	4	-	-	-
Worcester	52	67	119	1	2	3	11	10	21	11	5	16	7	15	22	11	21	32	4	7	11	6	6	12	1	1	2
Monson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
McLean	8	13	21	-	-	-	1	5	6	1	4	5	1	-	1	1	3	4	4	1	5	-	-	-	-	-	-
Bridgewater	12	-	12	-	-	-	3	-	3	4	-	4	1	-	1	1	-	-	3	-	3	-	-	-	-	-	-
Tewksbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Facility No. 107	51	-	51	-	-	-	-	-	-	27	-	27	22	-	22	1	-	1	1	1	-	1	-	-	-	-	-
Veterans Adm. Facility No. 95	23	-	23	-	-	-	-	-	-	11	-	11	11	-	11	1	-	1	-	-	-	-	-	-	-	-	-
Total	390	388	778	6	5	11	59	50	109	99	76	175	87	91	178	67	98	165	51	40	91	18	23	41	3	5	8

TABLE 125. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1933, by Nativity and Sex*

NATIVITY	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Austria	5	11	16	-	-	-	1	1	2	1	1	2	1	3	4	3	2	5	-	2	2	-	-	-	-	2	2	
Belgium	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Canada ¹	149	160	309	1	5	6	10	19	2	10	25	35	25	24	49	28	28	56	-	37	30	67	28	21	49	11	17	
China	5	2	7	-	-	-	2	-	-	2	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	
Czecho-Slovakia	3	3	6	-	-	-	1	-	-	1	1	2	1	1	1	-	-	-	-	1	-	-	-	-	-	-	1	
Denmark	6	2	8	-	-	-	1	1	2	1	1	2	5	5	10	9	5	14	-	8	10	18	2	12	20	4	8	
England	37	47	84	-	-	-	1	1	2	2	6	8	5	1	6	4	4	8	-	2	2	4	3	-	-	-	-	
Finland	14	9	23	-	-	-	1	1	2	2	3	3	1	1	1	1	1	1	-	3	1	4	4	3	7	2	1	
France	5	2	7	-	-	-	-	-	-	-	-	-	-	4	4	8	2	4	-	2	6	8	4	3	7	2	1	
Germany	16	16	32	-	-	-	2	2	3	5	2	7	2	2	3	3	3	3	-	-	-	-	-	-	-	-	-	
Greece	11	6	17	-	-	-	1	2	3	5	2	7	2	2	1	3	3	3	-	-	-	-	-	-	-	-	-	
Hungary	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	36	36	72	21	25	46	5	8	
Ireland	110	149	259	-	-	-	5	4	9	5	13	18	12	31	43	26	32	58	-	7	3	10	8	5	13	1	1	
Italy	82	47	129	-	-	-	9	3	12	14	13	27	30	11	41	13	10	23	-	-	-	-	-	-	-	-	2	
Japan	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mexico	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Norway	2	4	6	-	-	-	-	-	-	-	-	-	-	2	2	1	1	1	-	-	-	-	-	-	-	-	-	
Philippine Islands	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Poland	48	34	82	-	-	-	3	1	4	9	10	19	19	12	31	11	8	19	-	2	3	5	2	2	3	-	-	
Portugal	22	16	38	-	-	-	1	3	1	4	9	6	15	5	2	7	2	4	6	-	1	1	2	1	2	3	-	
Rumania	1	-	1	-	-	-	-	-	-	-	-	-	1	7	18	-	9	19	-	4	3	7	3	1	4	1	1	
Russia	35	31	66	1	1	2	1	1	2	5	8	13	11	7	18	10	9	19	-	1	1	3	1	4	5	-	-	
Scotland	5	13	18	-	-	-	1	1	2	1	2	3	1	2	3	-	1	1	-	1	3	4	1	1	4	5	-	
Spain	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sweden	19	22	41	-	-	-	-	-	-	1	2	3	2	6	8	5	6	11	-	3	5	8	7	2	9	1	2	
Switzerland	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	
Turkey in Asia	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Turkey in Europe	4	2	6	-	-	-	1	-	2	2	179	383	174	138	312	130	111	241	-	114	106	220	119	92	211	34	66	
United States	1,071	925	1,996	73	76	149	223	157	380	204	179	383	174	138	312	130	111	241	-	1	1	1	1	1	1	1	1	
West Indies ²	2	6	8	-	-	-	-	-	-	7	6	13	1	3	4	7	1	1	-	1	5	2	7	1	1	1	1	
Other countries ³	36	17	53	-	-	-	3	-	3	-	-	-	13	7	20	-	1	8	-	-	-	-	3	2	5	-	-	
Unknown	3	5	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	1,694	1,533	3,227	78	84	162	266	183	449	279	281	560	314	263	577	256	228	484	-	228	214	442	215	172	387	58	108	166

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at sea.

TABLE 126. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1933, by Nativity and Sex*

NATIVITY	TOTAL		0-19 YEARS		20-29 YEARS		30-39 YEARS		40-49 YEARS		50-59 YEARS		60-69 YEARS		70-79 YEARS		80 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa.	1	1	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Austria.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Canada ¹ .	20	35	55	-	-	-	-	-	-	5	4	9	5	5	10	1	1	1
China.	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Czecho-Slovakia.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Denmark.	10	8	18	-	-	-	-	-	-	2	1	3	2	2	2	1	3	1
England.	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Finland.	1	1	2	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Germany.	2	3	5	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Greece.	3	-	3	-	-	-	-	-	-	1	6	7	3	6	9	4	3	7
Ireland.	17	24	41	-	-	-	-	-	-	2	2	4	2	2	2	1	1	1
Italy.	20	8	28	-	-	-	-	-	-	8	3	11	3	6	1	-	-	-
Japan.	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Norway.	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poland.	10	8	18	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-
Portugal.	3	3	6	-	-	-	-	-	-	3	3	6	1	1	2	-	-	-
Russia.	14	19	33	-	-	-	-	-	-	5	10	15	3	3	6	1	1	1
Scotland.	1	2	3	-	-	-	-	-	-	1	1	2	1	1	2	-	-	-
Sweden.	4	6	10	-	-	-	-	-	-	-	2	3	1	1	2	1	2	3
Switzerland.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkey.	271	258	529	6	5	11	75	51	126	54	57	111	39	64	103	34	24	58
United States.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wales.	1	1	2	-	-	-	-	-	-	1	1	2	-	-	-	1	3	4
Other countries ² .	8	6	14	-	-	-	3	3	6	3	1	4	-	-	-	-	-	-
Unknown.	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Total.	390	388	778	6	5	11	99	76	175	87	91	178	51	40	91	18	23	41
																3	5	8

¹Includes Newfoundland.²Includes Europe and Asia not specified; also born at sea.

TABLE 127. — *Psychoses of First Court Admissions to Hospitals for Mental Diseases, 1933, by Hospital and Sex — Continued*

PSYCHOSES	GARDNER			GRAFTON			MEDFIELD			NORTHAMPTON			TAUNTON			WESTBOROUGH			
	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic.	6	7	13	—	—	—	9	4	13	4	—	4	2	—	2	3	—	3	
Senile.	5	5	10	—	—	—	10	5	15	7	26	33	17	25	42	4	1	5	
With cerebral arteriosclerosis.	1	1	2	—	—	—	5	2	7	30	32	62	40	26	66	41	54	95	
General paralysis.	—	—	—	—	—	—	—	—	—	19	6	25	21	7	28	10	3	13	
With cerebral syphilis.	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	1	2	3	
With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	
With brain tumor.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	
With other brain or nervous diseases.	3	3	6	—	—	—	1	2	3	6	4	10	2	3	5	2	2	4	
Alcoholic.	2	—	2	—	—	—	2	1	3	28	1	29	20	1	21	10	1	11	
Due to drugs and other exogenous toxins.	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	
With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other somatic diseases.	2	3	5	—	—	—	1	2	3	4	13	17	1	7	8	2	8	10	
Manic-depressive.	—	4	4	—	—	—	8	7	15	15	14	29	8	14	22	6	9	17	
Involuntal melancholia.	2	2	4	—	—	—	2	2	4	10	5	15	2	10	12	3	8	4	
Dementia praecox.	7	5	12	—	—	—	16	4	35	56	78	134	32	35	67	21	2	44	
Paranoia or paranoid conditions.	1	1	2	—	—	—	8	2	3	—	—	—	7	3	10	3	2	—	
Epileptic psychoses.	2	1	3	—	—	—	1	1	2	1	—	1	2	3	5	1	2	3	
Psychoneuroses and neuroses.	—	1	1	—	—	—	2	2	4	1	2	3	6	3	9	2	8	1	
With psychopathic personality.	—	—	—	—	—	—	2	1	3	—	—	—	1	—	—	—	—	—	
With mental deficiency.	4	4	8	—	—	—	3	3	6	4	6	10	8	6	14	4	4	6	
Undiagnosed psychoses.	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	
Without psychoses.	3	—	3	—	—	—	—	—	—	2	—	2	1	1	2	—	—	—	
Total.	38	37	75	100.0	37	12	49	100.0	59	54	113	100.0	189	189	378	100.0	156	197	353
													172	145	317	100.0			100.0

TABLE 127. — Psychoses of First Court Admissions to Hospitals for Mental Diseases, 1933, by Hospital and Sex — Concluded

PSYCHOSES	WORCESTER				MONSON		MCLEAN		BRIDGEWATER		VETERANS' ADM. FACILITY No. 107		VETERANS' ADM. FACILITY No. 95			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Traumatic	2	—	2	.4	—	—	—	—	—	—	—	—	—	—	—	—
Senile	14	38	52	10.7	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	60	31	91	18.8	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	28	14	42	8.7	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	2	5	7	1.5	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	7	6	13	2.7	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	45	9	54	11.2	2	2	—	16.7	9	9	—	—	—	—	—	—
Due to drugs and other exogenous toxins	2	—	2	.4	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	1	1	.2	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	10	12	22	4.6	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	16	17	33	6.8	—	—	—	—	—	—	—	—	—	—	—	—
Involuntional melancholia	3	—	3	.6	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	43	46	89	18.4	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	11	15	26	5.4	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	2	2	.4	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	3	15	18	3.7	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	3	3	6	1.2	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	12	5	17	3.5	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	—	1	.2	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	3	3	.6	3	4	7	58.3	7	7	—	—	—	—	—	—
Total	262	222	484	100.0	6	6	12	100.0	50	—	50	100.0	34	—	34	100.0

TABLE 129. — *Alcoholic Habits of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	15	—	15	7	—	7	4	—	4	4	—	4	—	—	—
Senile.	83	160	243	38	130	168	22	9	31	17	2	19	6	19	25
With cerebral arteriosclerosis	351	310	661	135	239	374	117	38	155	66	6	72	33	27	60
General paralysis	170	39	209	59	24	83	58	12	70	44	2	46	9	1	10
With cerebral syphilis	21	10	31	5	7	12	12	1	13	4	1	5	—	1	1
With Huntington's chorea	2	1	3	—	1	1	2	—	2	—	—	—	—	—	—
With brain tumor	6	—	6	2	—	2	4	—	4	—	—	—	—	—	—
With other brain or nervous diseases	51	40	91	19	32	51	19	5	24	9	1	10	4	2	6
Alcoholic	184	21	205	—	—	—	—	—	—	184	21	205	—	—	—
Due to drugs and other exogenous toxins	7	6	13	2	3	5	2	1	3	3	2	5	—	—	—
With pellagra	1	1	2	—	1	1	—	—	—	1	—	1	—	—	—
With other somatic diseases	35	75	110	15	59	74	10	10	20	8	1	9	2	5	7
Manic-depressive	180	212	392	78	159	237	64	44	108	32	7	39	6	2	8
Involuntional melancholia	32	48	80	14	43	57	13	5	18	4	—	4	1	—	1
Dementia praecox	354	395	749	188	329	517	114	43	157	39	12	51	13	11	24
Paranoia or paranoid conditions	34	59	93	18	43	61	10	15	25	3	—	3	3	1	4
Epileptic psychoses	18	16	34	10	14	24	4	1	5	4	1	5	—	—	—
Psychoneuroses and neuroses	30	38	68	12	27	39	14	7	21	3	3	6	1	1	2
With psychopathic personality	18	13	31	9	9	18	4	2	6	5	1	6	1	1	1
With mental deficiency	68	64	132	43	53	96	11	8	19	11	2	13	3	1	4
Undiagnosed psychoses	10	12	22	5	11	16	2	1	3	2	—	3	1	—	1
Without psychoses	24	13	37	10	8	18	6	2	8	7	3	10	1	—	1
Total	1,694	1,533	3,227	669	1,192	1,861	492	204	696	450	65	515	83	72	155

TABLE 130. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

RACE	TOTAL			TRAUMATIC			SENILE			WITH CEREBRAL ARTERIO-SCLEROSIS			GENERAL PARALYSIS			WITH CEREBRAL SYPHILIS			WITH HUNTINGTON'S CHOREA			WITH BRAIN TUMOR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	43	47	90	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	13	7	20	1	—	1	1	—	1	8	—	16	13	3	16	1	1	2	—	—	—	—	—	—
Chinese	7	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	311	339	650	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finnish	17	14	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	123	120	243	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	26	38	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	15	10	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	49	59	108	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	355	355	710	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italian ¹	108	64	172	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Japanese	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	23	13	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	26	24	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	41	36	77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	26	27	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	86	49	135	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	7	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	32	27	59	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	373	289	662	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,694	1,533	3,227	15	—	15	83	160	243	351	310	661	170	39	209	21	10	31	2	1	3	6	—	6

¹Includes "North" and "South."²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 130. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex — Continued*

RACE	WITH OTHER BRAIN OR NERVOUS DISEASES		ALCOHOLIC		DUE TO DRUGS AND OTHER EXOGENOUS TOXINS		WITH PELLAGRA		WITH OTHER SOMATIC DISEASES		MANIC DEPRESSIVE		INVOL- UTIONAL MELAN- CHOLIA		DEMENTIA PRAECON			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	1	2	4	1	5	—	—	—	—	—	—	—	—	—	7	13	20
Armenian	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	3	9
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	5
Dutch and Flemish	8	13	21	18	1	19	—	—	—	—	—	—	—	—	—	1	—	1
English	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53	74	127
Finnish	2	1	4	2	—	2	—	—	—	—	—	—	—	—	—	3	4	7
French	—	—	—	19	3	22	—	—	—	—	—	—	—	—	—	29	42	71
German	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—	5	5	10
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	4	10
Irish	3	4	7	1	—	1	—	—	—	—	—	—	—	—	—	1	1	2
Italian ¹	10	6	16	60	6	66	—	—	—	—	—	—	—	—	—	11	18	29
Japanese	1	—	1	8	—	8	—	—	—	—	—	—	—	—	—	60	90	150
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	23	56
Magyar	1	1	2	8	1	9	—	—	—	—	—	—	—	—	—	4	6	10
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Portuguese	—	—	—	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	5	—	5	—	—	—	—	—	—	—	—	—	11	8	19
Scotch	1	—	1	3	—	3	—	—	—	—	—	—	—	—	—	11	7	18
Slavonic ³	6	1	7	24	2	26	—	—	—	—	—	—	—	—	—	5	3	8
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	20	42
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Race unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	14	10	24	26	6	32	—	—	—	—	—	—	—	—	—	4	5	9
Total	51	40	91	184	21	205	7	6	13	35	75	110	32	48	80	354	395	749

¹Includes "North" and "South."²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 130. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex — Concluded*

RACE	PARANOIA OR PARANOID CONDITIONS			EPILEPTIC PSYCHOSES			PSYCHONEUROSES AND NEUROSES			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	1	2	—	—	—	1	—	—	—	—	—	3	4	7	—	—	—	—	2	2
Armenian	1	—	1	—	1	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	4	5	9	3	1	4	8	8	16	5	4	9	11	16	27	2	2	4	5	2	7
Finnish	—	2	2	1	2	3	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—
French	2	1	3	1	1	2	3	3	6	—	—	—	7	10	17	—	1	1	3	1	4
German	1	2	3	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Greek	2	—	2	—	—	—	—	1	1	—	—	—	1	1	2	—	—	—	—	—	—
Hebrew	—	3	3	—	2	2	1	2	3	—	2	2	2	3	5	—	—	—	—	1	1
Irish	2	26	28	5	1	6	4	7	11	1	3	4	8	11	19	2	2	4	3	2	5
Italian ¹	5	4	9	1	1	2	2	—	2	1	—	1	3	—	3	2	2	1	—	—	—
Japanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	—	1	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	2	1	3	—	1	1	2	1	1	—	—	—	2	1	3	—	—	—	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	3	1	4	2	—	2	—	—	—	1	—	—	4	4	8	1	—	1	—	3	3
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	9	12	21	3	5	8	8	11	19	9	2	11	15	8	23	4	4	8	10	1	11
Total	34	59	93	18	16	34	30	38	68	18	13	31	68	64	132	10	12	22	24	13	37

¹Includes "North" and "South."²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 131. — *Race of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1933, by Sex*

RACE	TOTAL		
	M.	F.	T.
African	35	54	89
American Indian	2	—	2
Armenian	8	8	16
Chinese	7	1	8
Dutch and Flemish	8	3	11
East Indian	—	1	1
English	285	217	502
Finnish	19	7	26
French	67	49	116
German	31	35	66
Greek	20	8	28
Hebrew	71	68	139
Irish	442	276	718
Italian ¹	151	78	229
Lithuanian	21	11	32
Pacific Islander	—	1	1
Portuguese	15	12	27
Roumanian	2	—	2
Scandinavian ²	44	22	66
Scotch	32	32	64
Slavonic ³	48	29	77
Spanish	1	—	1
Syrian	2	3	5
Turkish	2	1	3
Other specific races	5	2	7
Race unknown	19	13	32
Mixed	247	185	432
Total	1,584	1,116	2,700

¹Includes "North" and "South."²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 132. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases, 1933 by Form of Admission and Sex; Number and Percentage Distribution*

ADMISSIONS	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			CITIZENSHIP UNKNOWN		
	Number			Number			Number			Number			Number		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	1,694	1,533	3,227	1,071	925	1,996	258	200	458	265	279	544	100	129	229
Readmissions	390	388	778	271	258	529	57	56	113	49	52	101	13	22	35
Temporary Care	1,584	1,116	2,700	1,086	752	1,838	268	178	446	191	149	340	39	37	76
Voluntary Admissions	201	123	324	176	104	280	13	9	22	9	9	18	3	1	4
Transfers	251	185	436	176	123	299	48	17	65	22	39	61	5	6	11
Others ¹	48	13	61	42	12	54	3	—	3	3	1	4	—	—	—
Total	4,168	3,358	7,526	2,822	2,174	4,996	647	460	1,107	539	529	1,068	160	195	355
Percent															
First Admissions	40.7	45.7	42.9	38.0	42.5	40.0	39.9	43.5	41.4	49.2	52.7	50.9	62.5	66.1	64.5
Readmissions	9.4	11.5	10.3	9.6	11.9	10.6	8.8	12.2	10.2	9.1	9.8	9.5	8.1	11.3	9.9
Temporary Care	38.0	33.2	35.9	38.5	34.6	36.8	41.4	38.7	40.3	35.4	28.2	31.8	24.4	19.0	21.4
Voluntary Admissions	4.8	3.7	4.3	6.2	4.8	5.6	2.0	1.9	2.0	.7	1.7	1.7	1.9	.5	1.1
Transfers	6.0	5.5	5.8	6.2	5.6	5.9	7.4	3.7	5.9	4.1	7.4	5.7	3.1	3.1	3.1
Others ¹ . . . . .	.1	.4	.8	1.5	.6	1.1	.5	—	.2	.5	.2	.4	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Includes sane dangerous cases at Monson.

TABLE 134. — *Marital Condition of Court Readmissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	1	—	1	1	—	1	—	3	5	—	1	—	—	—	—	—	—	—	—
Senile	4	11	15	—	—	—	—	2	8	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	21	24	45	7	13	20	11	19	30	2	6	8	—	2	2	1	2	3	—
General paralysis	14	5	19	6	6	12	7	3	10	—	3	3	1	—	—	—	—	—	—
With cerebral syphilis	6	—	6	2	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	6	11	4	1	5	1	3	4	—	—	—	—	—	—	—	—	—	—
Alcoholic	36	5	41	13	13	26	13	4	17	6	1	7	2	2	2	2	—	—	—
Due to drugs and other exogenous toxins	—	3	3	—	—	—	2	1	3	—	1	1	—	—	—	—	—	—	—
With pellagra	2	8	10	2	1	3	—	5	5	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	97	131	228	34	46	80	47	59	106	10	23	33	5	1	6	1	2	3	—
Manic-depressive	4	12	16	2	4	6	2	6	8	—	2	2	—	—	—	—	—	—	—
Involuntional melancholia	153	142	295	97	66	163	44	59	103	2	12	14	5	3	8	3	2	5	—
Dementia praecox	7	13	20	2	4	6	4	7	11	—	1	1	1	1	2	—	—	—	—
Paranoia or paranoid conditions	7	—	7	5	—	5	4	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	5	9	14	—	4	4	5	4	9	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	5	5	10	3	3	6	1	2	3	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	16	11	27	14	5	19	1	6	7	1	—	—	—	—	—	—	—	—	—
With mental deficiency	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	3	2	5	1	2	3	2	—	2	—	—	—	—	—	—	—	—	—	—
Total	390	388	778	195	142	337	149	169	318	22	60	82	15	10	25	7	7	14	2

TABLE 135. — *Marital Condition of All Temporary Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Traumatic	8	—	8	4	—	4	3	—	3	—	—	—	—	—	—	—	—	—	1	—	1
Senile	11	12	23	1	3	4	5	1	6	—	—	—	—	—	—	—	—	—	—	—	
With cerebral arteriosclerosis	71	53	124	7	10	17	40	22	62	—	—	—	—	—	—	—	—	—	1	1	2
General paralysis	46	20	66	19	2	21	23	14	37	—	—	—	—	—	—	—	—	—	—	—	
With cerebral syphilis	8	1	9	1	—	1	7	1	8	—	—	—	—	—	—	—	—	—	—	—	
With Huntington's chorea	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other brain or nervous diseases	57	28	85	24	11	35	29	11	40	—	—	—	—	—	—	—	—	—	—	—	
Alcoholic	197	32	229	81	4	85	78	24	102	11	19	18	2	2	2	9	10	1	1	1	
Due to drugs and other exogenous toxins	14	8	22	3	2	5	10	4	14	—	1	1	—	1	1	—	—	—	—	—	
With pellagra	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other somatic diseases	27	38	65	7	9	16	14	23	37	3	5	8	1	1	2	2	2	—	—	—	
Manic-depressive	128	201	329	52	71	123	68	102	170	3	17	20	3	3	6	8	10	—	—	—	
Involuntional melancholia	21	17	38	4	2	6	16	10	26	1	5	6	—	—	—	—	—	—	—	—	
Dementia praecox	151	191	342	113	91	204	32	76	108	3	14	17	2	3	5	1	7	8	—	—	
Paranoia or paranoid conditions	28	39	67	8	10	18	20	16	36	—	—	—	—	—	—	—	—	—	—	—	
Epileptic psychoses	23	12	35	14	8	22	8	4	12	—	—	—	—	—	—	—	—	—	—	—	
Psychoneuroses and neuroses	67	60	127	34	28	62	27	30	57	3	—	—	—	—	—	—	—	—	—	—	
With psychopathic personality	15	29	44	10	16	26	5	11	16	—	—	—	—	—	—	—	—	—	—	—	
With mental deficiency	23	28	51	19	17	36	2	9	11	—	—	—	—	—	—	—	—	—	—	—	
Undiagnosed psychoses	107	69	176	49	23	72	51	34	85	—	—	—	—	—	—	—	—	—	—	—	
Without psychoses	568	266	834	285	150	435	235	85	320	25	21	46	12	7	19	11	2	13	1	1	
Diagnosis deferred	13	11	24	5	3	8	6	8	14	1	—	—	1	—	—	—	—	—	—	—	
Total	1,584	1,116	2,700	740	460	1,200	680	486	1,166	93	114	207	33	28	61	36	25	61	2	3	5

TABLE 139. — Degree of Education of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL		ILLITERATE		READS ONLY		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN		
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	15	—	2	—	2	—	—	—	11	—	11	—	—	—	—	—	—
Senile	83	160	7	20	27	—	14	21	44	78	122	9	15	24	13	29	42
With cerebral arteriosclerosis	351	310	21	23	44	1	26	44	210	163	373	34	44	78	19	45	101
General paralysis	170	39	9	1	10	—	2	10	103	26	129	35	8	43	6	2	11
With cerebral syphilis	21	10	2	—	2	—	3	1	8	7	15	5	1	6	—	3	4
With Huntington's chorea	2	1	—	—	—	—	—	—	1	—	1	—	—	—	—	1	2
With brain tumor	6	—	1	—	1	—	—	—	3	—	3	2	—	2	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	51	40	1	3	4	1	6	2	32	19	51	6	12	18	1	3	7
Due to drugs and other exogenous toxins	184	21	23	3	26	—	23	2	99	15	114	23	1	24	4	12	12
With pellagra	7	6	—	—	—	—	—	—	6	2	8	—	3	3	—	1	2
With other somatic diseases	1	1	—	—	—	—	4	4	18	45	63	3	11	14	—	1	1
Manic-depressive	35	75	3	4	7	—	4	11	104	108	212	45	72	117	2	5	7
Involutional melancholia	180	212	7	10	17	1	5	3	17	31	48	5	6	11	3	4	3
Dementia praecox	32	48	3	4	7	—	24	28	197	224	421	90	100	190	16	19	35
Paranoia or paranoid conditions	354	395	15	14	29	1	7	4	11	38	55	5	12	17	1	10	21
Epileptic psychoses	34	59	2	1	3	—	7	4	17	38	55	3	3	6	2	3	5
Psychoneuroses and neuroses	18	16	3	3	3	—	1	1	13	7	20	3	1	1	1	1	2
With psychopathic personality	30	38	2	—	2	—	1	2	19	23	42	7	12	19	2	2	1
With mental deficiency	18	13	—	—	—	—	4	—	8	10	18	4	4	3	1	1	1
Undiagnosed psychoses	68	64	14	14	28	1	12	14	36	36	72	—	—	—	1	—	—
Without psychoses	10	12	—	—	—	—	1	1	6	6	12	1	3	4	1	5	2
Without psychoses	24	13	7	5	12	—	4	2	6	3	9	4	1	5	2	2	2
Total.	1,694	1,533	119	105	224	6	131	116	958	841	1,799	283	307	590	65	53	118
															132	110	242

TABLE 141. — Degree of Education of All Temporary Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL		ILLITERATE		READS ONLY		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	8	—	1	—	—	—	1	—	4	—	2	—	—	—	—	—
Senile	11	12	—	2	—	—	1	—	6	—	3	—	—	—	1	2
With cerebral arteriosclerosis	71	53	1	4	—	—	5	2	44	24	6	8	3	3	12	12
General paralysis	46	20	1	—	—	—	—	—	32	14	12	6	—	—	1	—
With cerebral syphilis	8	—	1	—	—	—	—	—	5	—	—	—	—	—	1	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous dis- eases	57	28	1	—	—	—	1	—	42	14	7	10	3	3	3	1
Alcoholic	197	32	9	2	—	4	12	1	144	18	24	4	3	—	5	3
Due to drugs and other exogenous toxins	14	8	—	—	—	—	1	1	11	5	1	2	1	—	—	—
With pellagra	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	27	38	2	1	—	—	1	—	16	24	5	11	2	1	1	—
Manic-depressive	128	201	—	4	—	—	2	3	71	120	36	61	17	12	2	1
Involuntional melancholia	21	17	2	—	—	—	2	—	11	12	4	4	2	—	—	—
Dementia praecox	151	191	4	3	—	—	3	3	89	108	45	63	9	12	1	2
Paranoia or paranoid conditions	28	39	2	1	—	—	3	3	18	23	4	8	2	—	—	—
Epileptic psychoses	23	12	1	3	—	—	1	—	13	7	6	4	1	2	1	1
Psychoneuroses and neuroses	67	60	1	3	—	—	3	3	34	33	23	19	5	—	2	2
With psychopathic personality	15	29	—	—	—	—	—	—	13	14	2	14	—	—	—	—
With mental deficiency	23	28	2	4	—	—	1	1	17	19	2	12	—	—	—	—
Undiagnosed psychoses	107	69	5	5	—	—	2	4	73	43	19	12	3	3	4	2
Without psychoses	568	266	27	8	—	—	37	15	338	169	117	65	30	3	17	6
Diagnosis deferred	13	11	—	—	—	—	—	—	8	6	3	3	2	1	—	1
Total.	1,584	1,116	60	38	98	2	78	39	989	659	322	298	82	40	51	34
							117		1,648		620		122		85	

TABLE 142. — *Environment of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES												
Traumatic	15	—	15	15	—	15	—	—	—	—	—	—
Senile	83	160	243	76	148	224	7	12	19	—	—	—
With cerebral arteriosclerosis	351	310	661	323	301	624	27	9	36	1	—	1
General paralysis	170	39	209	137	36	193	8	3	11	5	—	5
With cerebral syphilis	21	10	31	20	10	30	1	—	1	—	—	—
With Huntington's chorea	2	1	3	2	1	3	—	—	—	—	—	—
With brain tumor	6	—	6	6	—	6	—	—	—	—	—	—
With other brain or nervous diseases	51	40	91	49	39	88	2	1	3	—	—	—
Alcoholic	184	21	205	176	21	197	8	—	8	1	—	1
Due to drugs and other exogenous toxins	7	6	13	6	6	12	—	—	—	—	—	—
With pellagra	1	1	2	1	1	2	—	—	—	—	—	—
With other somatic diseases	35	75	110	33	69	102	2	6	8	—	—	—
Manic-depressive	180	212	392	175	204	379	2	8	10	3	—	3
Involutional melancholia	32	48	80	31	47	78	1	1	2	—	—	—
Dementia praecox	354	395	749	330	377	707	16	18	34	8	—	8
Paranoia or paranoid conditions	34	59	93	33	57	90	1	2	3	—	—	—
Epileptic psychoses	18	16	34	17	12	29	1	4	5	—	—	—
Psychoneuroses and neuroses	30	38	68	28	37	65	2	1	3	—	—	—
With psychopathic personality	18	13	31	16	13	29	2	2	4	2	—	2
With mental deficiency	68	64	132	64	62	126	2	2	4	—	—	—
Undiagnosed psychoses	10	12	22	10	12	22	—	—	—	—	—	—
Without psychoses	24	13	37	22	13	35	1	—	1	1	—	1
Total	1,694	1,533	3,227	1,590	1,466	3,056	83	67	150	21	—	21

TABLE 143. — *Environment of Court Readmissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	1	—	1	—	—	—	—	—	—
Senile	4	11	15	4	11	15	—	—	—	—	—	—
With cerebral arteriosclerosis	21	24	45	19	21	40	—	—	—	1	—	1
General paralysis	14	5	19	11	5	16	1	3	4	2	—	2
With cerebral syphilis	6	—	6	6	—	6	—	—	—	—	—	—
With Huntington's chorea	1	1	2	1	1	2	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	6	11	4	5	9	—	—	—	1	—	1
With other diseases	36	5	41	33	5	38	2	1	2	1	—	1
Alcoholic	3	3	6	2	3	5	1	—	1	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	2	8	10	1	7	8	—	—	—	—	—	—
With other somatic diseases	97	131	228	94	126	220	2	5	7	1	—	1
Manic-depressive	4	12	16	4	11	15	—	1	1	—	—	—
Involutional melancholia	153	142	295	128	136	264	10	6	16	15	—	15
Dementia praecox	7	13	20	7	13	20	—	—	—	—	—	—
Paranoia or paranoid conditions	7	7	14	6	—	6	1	—	1	—	—	—
Epileptic psychoses	5	9	14	4	9	13	—	—	—	—	—	—
Psychoneuroses and neuroses	4	5	9	3	5	8	—	—	—	1	—	1
With psychopathic personality	16	11	27	15	11	26	1	—	1	—	—	—
With mental deficiency	1	1	2	1	—	1	—	—	—	—	—	—
Undiagnosed psychoses	3	2	5	3	2	5	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Total	390	388	778	347	371	718	20	17	37	23	—	23

TABLE 144. — *Environment of All Temporary Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			URBAN			RURAL			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	—	8	7	—	7	1	—	1	—	—	—
Senile	11	12	23	11	11	22	—	—	—	—	—	—
With cerebral arteriosclerosis	71	53	124	68	52	120	3	1	4	—	—	—
General paralysis	46	20	66	44	20	64	—	—	—	2	—	2
With cerebral syphilis	8	1	9	7	1	8	1	—	1	—	—	—
With Huntington's chorea	—	1	1	—	1	1	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	57	28	85	57	27	84	—	—	—	—	—	—
Alcoholic	197	32	229	188	32	220	4	1	5	—	—	5
Due to drugs and other exogenous toxins	14	8	22	13	7	20	1	—	2	—	—	—
With pellagra	1	—	1	1	—	1	—	—	—	—	—	—
With other somatic diseases	27	38	65	27	35	62	—	3	3	—	—	—
Manic-depressive	128	201	329	126	198	324	—	3	3	2	—	2
Involutional melancholia	21	17	38	21	17	38	—	—	—	—	—	—
Dementia praecox	151	191	342	149	187	336	—	4	4	2	—	2
Paranoia or paranoid conditions	28	39	67	28	37	65	—	1	1	—	—	—
Epileptic psychoses	23	12	35	23	12	35	—	—	—	—	—	—
Psychoneuroses and neuroses	67	60	127	64	58	122	3	1	4	—	—	1
With psychopathic personality	15	29	44	15	29	44	—	—	—	—	—	—
With mental deficiency	23	28	51	23	28	51	—	—	—	—	—	—
Undiagnosed psychoses	107	69	176	103	65	168	3	3	6	1	—	2
Without psychoses	568	266	834	540	256	796	24	7	31	4	3	7
Diagnosis deferred	13	11	24	13	10	23	—	1	1	—	—	—
Total	1,584	1,116	2,700	1,528	1,083	2,611	40	27	67	16	6	22

TABLE 145. — *Economic Status of First Court Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	15	—	15	1	—	1	14	—	14	—	—	—	—	—	—
Senile	83	160	243	35	51	86	39	81	120	7	15	22	2	13	15
With cerebral arteriosclerosis	351	310	661	119	99	218	202	181	383	14	16	30	16	14	30
General paralysis	170	39	209	32	7	39	125	31	156	9	—	9	4	1	5
With cerebral syphilis	21	10	31	7	2	9	13	7	20	1	—	—	—	1	1
With Huntington's chorea	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—
With brain tumor	6	—	6	2	—	2	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	51	40	91	18	9	27	32	26	58	1	4	5	—	—	—
Alcoholic	184	21	205	30	4	34	146	17	163	6	—	—	2	1	2
Due to drugs and other exogenous toxins	7	6	13	2	—	2	5	5	10	—	1	1	—	—	—
With pellagra	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—
With other somatic diseases	35	75	110	12	12	24	21	60	81	2	1	3	—	2	2
Manic-depressive	180	212	392	26	15	45	142	179	321	10	10	20	2	4	6
Involutional melancholia	32	48	80	4	5	9	23	39	62	4	4	8	1	—	1
Dementia praecox	354	395	749	78	74	152	260	288	548	12	23	35	4	10	14
Paranoia or paranoid conditions	34	59	93	11	6	17	22	49	71	1	—	1	—	—	—
Epileptic psychoses	18	16	34	6	9	15	10	7	17	1	—	1	—	—	—
Psychoneuroses and neuroses	30	38	68	10	4	14	20	33	53	1	1	1	—	—	—
With psychopathic personality	18	13	31	6	3	9	11	8	19	1	2	3	—	—	—
With mental deficiency	68	64	132	35	28	63	31	36	67	1	1	1	1	1	1
Undiagnosed psychoses	10	12	22	1	2	3	8	10	18	—	—	—	—	—	—
Without psychoses	24	13	37	8	6	14	16	7	23	—	—	—	—	—	—
Total	1,694	1,533	3,227	446	341	787	1,144	1,065	2,209	69	79	148	35	48	83

TABLE 146. — *Economic Status of Court Readmissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Senile	4	11	15	—	2	2	3	7	10	1	1	2	—	1	1
With cerebral arteriosclerosis	21	24	45	5	8	13	15	14	29	1	1	2	—	—	—
General paralysis	14	5	19	6	1	7	8	4	12	—	—	—	—	—	—
With cerebral syphilis	6	—	6	4	—	4	2	—	2	—	—	—	—	—	—
With Huntington's chorea	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	6	11	2	1	3	3	4	7	—	—	—	—	—	—
Alcoholic	36	5	41	8	—	8	28	5	33	—	—	—	—	—	—
Due to drugs and other exogenous toxins	3	3	6	—	—	—	3	1	4	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	8	10	—	2	2	2	6	8	—	—	—	—	—	—
Manic-depressive	97	131	228	15	12	27	77	112	189	5	7	12	—	—	—
Involutional melancholia	4	12	16	—	2	2	3	7	10	1	3	4	—	—	—
Dementia praecox	153	142	295	44	28	72	104	108	212	5	5	10	—	1	1
Paranoia or paranoid conditions	7	13	20	1	3	4	5	9	14	1	1	2	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	5	9	14	—	3	3	5	6	11	—	—	—	—	—	—
With psychopathic personality	4	5	9	—	1	1	3	3	6	—	—	—	—	—	—
With mental deficiency	16	11	27	6	4	10	9	7	16	—	—	—	1	—	1
Undiagnosed psychoses	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	3	2	5	—	—	—	3	—	3	—	—	—	—	2	2
Total	390	388	778	95	68	163	280	294	574	14	22	36	1	4	5

TABLE 147. — *Economic Status of All Temporary Admissions to Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	-	8	1	-	1	7	-	7	-	1	-	-	-	-
Senile	11	12	23	2	4	6	8	6	14	1	1	2	-	1	1
With cerebral arteriosclerosis	71	53	124	18	9	27	47	35	82	2	2	5	4	6	10
General paralysis	46	20	66	2	1	3	43	19	62	1	1	1	-	-	-
With cerebral syphilis	8	1	9	-	-	-	8	1	9	-	-	-	-	-	-
With Huntington's chorea	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	57	28	85	-	-	-	57	28	85	-	-	-	-	-	-
Due to drugs and other exogenous toxins	197	32	229	22	1	23	171	30	201	2	-	2	2	1	3
With pellagra	14	8	22	1	-	1	13	7	20	-	1	1	-	-	-
With other somatic diseases	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
Manic-depressive	27	38	65	4	3	7	21	35	56	1	1	1	1	-	1
Involutional melancholia	128	201	329	6	11	17	119	197	306	2	2	4	1	1	2
Dementia praecox	21	17	38	1	-	1	18	16	34	2	1	3	-	-	-
Paranoia or paranoid conditions	151	191	342	9	12	21	142	178	320	-	-	1	-	-	-
Epileptic psychoses	28	39	67	2	4	6	26	33	59	-	1	1	-	1	1
Psychoneuroses and neuroses	23	12	35	5	1	6	17	11	28	-	-	-	-	-	-
With psychopathic personality	67	60	127	8	4	12	58	55	113	-	-	-	-	-	-
With mental deficiency	15	29	44	1	1	2	14	28	42	-	-	-	-	-	-
Undiagnosed psychoses	23	28	51	3	3	6	20	25	45	-	-	-	-	-	-
Without psychoses	107	69	176	2	1	3	105	68	173	-	-	-	-	-	-
Diagnosis deferred	568	266	834	71	34	105	486	227	713	8	2	10	3	3	6
	13	11	24	-	1	1	13	10	23	-	-	-	-	-	-
Total	1,584	1,116	2,700	158	90	248	1,394	1,000	2,394	20	12	32	12	14	26

TABLE 150. — *Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1933, by Sex*

PSYCHOSES	TOTAL			ONE			TWO			THREE			FOUR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	—	16	15	—	15	1	—	1	—	—	—	—	—	—
Senile	87	171	258	83	160	243	3	8	11	—	1	1	—	2	2
With cerebral arteriosclerosis	372	334	706	351	310	661	15	18	33	—	3	5	2	2	4
General paralysis	184	44	228	170	39	209	9	2	11	2	3	2	2	2	2
With cerebral syphilis	27	10	37	21	10	31	3	—	3	—	3	3	—	—	—
With Huntington's chorea	3	2	5	2	1	3	1	1	2	—	—	—	—	—	—
With brain tumor	6	—	6	6	—	6	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	56	46	102	51	40	91	2	3	5	2	1	3	1	1	2
Alcoholic	220	26	246	184	21	205	19	—	19	4	3	7	7	1	8
Due to drugs and other exogenous toxins.	10	9	19	7	6	13	2	1	3	1	1	2	—	1	1
With pellagra	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
With other somatic diseases:	37	83	120	35	75	110	—	2	2	1	2	3	—	2	3
Manic-depressive	277	343	620	180	212	392	23	28	51	28	36	64	15	23	38
Involutional melancholia	36	60	96	32	48	80	3	6	9	—	6	6	—	—	—
Dementia praecox	507	537	1,044	334	395	729	61	67	128	51	34	85	20	20	40
Paranoia or paranoid conditions	41	72	113	34	59	93	4	4	8	2	8	10	—	—	—
Epileptic psychoses	25	16	41	18	16	34	3	—	3	2	—	—	—	—	—
Psychoneuroses and neuroses	35	47	82	30	38	68	3	1	4	—	6	6	1	2	2
With psychopathic personality	22	18	40	18	13	31	2	2	3	—	—	—	1	—	1
With mental deficiency.	84	75	159	68	64	132	7	3	10	3	4	7	2	2	4
Undiagnosed psychoses	11	12	23	10	12	22	—	—	—	—	—	—	—	—	—
Without psychoses.	27	15	42	24	13	37	1	2	3	—	—	—	1	2	2
Total	2,084	1,921	4,005	1,694	1,533	3,227	162	149	311	102	107	209	55	56	111

TABLE 151. — *Psychoses of All First Admissions, Readmissions and Transfers to State Hospitals for Mental Diseases, by Form of Admission and Sex*

PSYCHOSES	TOTAL			TOTAL						COURT COMMITMENT ¹					
	ALL GROUPS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	27	—	27	22	—	22	4	—	4	15	—	15	1	—	1
Senile	100	184	284	95	171	266	28	12	40	83	160	243	4	11	15
With cerebral arteriosclerosis	450	395	845	417	355	772	28	32	60	351	310	661	21	24	45
General paralysis	272	67	339	212	54	266	26	11	37	170	39	209	14	5	19
With cerebral syphilis	42	11	53	28	10	38	8	1	9	21	10	31	6	—	6
With Huntington's chorea	3	3	6	2	2	4	1	1	2	2	—	2	1	1	2
With brain tumor	6	—	6	6	—	6	—	—	—	6	—	6	—	—	—
With other brain or nervous diseases	117	79	196	99	62	161	14	15	29	51	40	91	5	6	11
Alcoholic	435	62	497	343	47	390	77	11	88	184	21	205	36	5	41
Due to drugs and other exogenous toxins	24	18	42	18	15	33	6	3	9	7	—	13	3	3	6
With pellagra	2	1	3	2	1	3	—	—	—	1	1	2	—	—	—
With other somatic diseases	69	125	194	63	112	175	4	11	15	35	75	110	2	8	10
Manic-depressive	441	591	1,032	273	353	626	145	206	351	180	212	392	97	131	228
Involutional melancholia	62	81	143	51	60	111	7	17	24	32	48	80	4	12	16
Dementia praecox	777	821	1,598	465	536	1,001	193	192	385	354	395	749	153	142	295
Paranoia or paranoid conditions	771	118	889	57	93	150	12	10	31	34	59	93	7	13	20
Epileptic psychoses	110	51	161	73	35	108	31	10	41	33	18	51	16	1	17
Psychoneuroses and neuroses	129	124	253	95	92	187	32	28	60	30	38	68	5	9	14
With psychopathic personality	40	52	92	28	31	59	10	17	27	18	13	31	4	5	9
With mental deficiency	112	116	228	85	82	167	22	21	43	68	64	132	16	11	27
Undiagnosed psychoses	134	82	216	99	70	169	20	11	31	10	12	22	1	—	1
Without psychoses	732	366	1,098	555	257	812	172	106	278	40	21	61	11	4	15
Diagnosis deferred	13	11	24	13	9	22	—	2	2	—	—	—	—	—	—
Total	4,168	3,358	7,526	3,101	2,447	5,548	816	726	1,542	1,725	1,543	3,268	407	391	798

TABLE 153. — *Time on Books, Time Spent Out and Net Time Spent Within Institutions during This Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1933, by Psychoses and Sex*

	ALL CONDITIONS									
	AVERAGE TIME IN YEARS ¹									
	On Books			Out			Net			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	1.60	1.50	1.59	.90	1.00	.91	.70	.50	.68	
Senile	1.56	2.17	2.01	.92	1.30	1.20	.64	.87	.81	
With cerebral arteriosclerosis	1.65	1.58	1.62	.83	.92	.87	.82	.66	.75	
General paralysis	2.02	2.01	2.02	.94	1.50	1.06	1.08	.51	.96	
With cerebral syphilis	2.81	1.45	2.44	.65	.75	.68	2.16	.70	1.76	
With Huntington's chorea	—	—	—	—	—	—	—	—	—	
With brain tumor	1.50	—	1.50	1.00	—	1.00	.50	—	.50	
With other brain or nervous diseases	2.13	1.70	1.84	.57	.93	.82	1.56	.77	1.02	
Alcoholic	1.84	1.51	1.80	.93	.93	.93	.91	.58	.87	
Due to drugs and other exogenous toxins	1.22	1.15	1.17	.72	.67	.69	.50	.48	.48	
With pellagra	—	—	—	—	—	—	—	—	—	
With other somatic diseases	1.63	1.63	1.63	.77	1.00	.93	.86	.63	.70	
Manic-depressive	1.88	2.08	1.99	.87	1.06	.97	1.01	1.02	1.02	
Involutional melancholia	2.55	.91	2.65	.91	.92	.92	1.64	1.76	1.73	
Dementia praecox	2.79	2.46	2.63	.97	1.06	1.02	1.82	1.40	1.61	
Paranoia or paranoid conditions	3.70	1.93	2.60	1.11	.91	.98	2.59	1.02	1.62	
Epileptic psychoses	2.61	1.72	2.22	.96	1.04	.99	1.65	.68	1.23	
Psychoneuroses and neuroses	1.12	1.66	1.47	.53	.89	.77	.59	.77	.70	
With psychopathic personality	2.46	2.40	2.43	1.29	1.06	1.17	1.17	1.34	1.26	
With mental deficiency	2.31	3.42	2.87	.67	1.26	.97	1.64	2.16	1.90	
Undiagnosed psychoses	1.64	1.50	1.61	1.39	1.00	1.31	.25	.50	.30	
Without psychoses	2.13	1.30	1.86	.56	.91	.67	1.57	.39	1.19	
Total	2.21	2.16	2.19	.89	1.04	.96	1.32	1.12	1.23	

¹While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out for only those cases who had been out on visit.

TABLE 154.—*Psychoses of Temporary Care and Voluntary Cases Discharged from Hospitals for Mental Diseases, 1933, by Age at Discharge and Sex*
Temporary Care

PSYCHOSES	TOTAL		0-19 YEARS		20-29 YEARS		30-39 YEARS		40-49 YEARS		50-59 YEARS		60-69 YEARS		70-79 YEARS		80 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	7	—	2	—	—	—	3	—	1	—	—	—	1	—	—	—	—	—
Senile	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	38	37	—	—	—	—	—	—	2	—	—	—	3	6	2	2	3	5
General paralysis	44	17	2	—	—	—	16	9	9	4	13	7	17	16	8	16	4	4
With cerebral syphilis	9	1	—	—	—	—	3	1	4	—	—	10	3	—	—	—	1	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	51	30	5	3	4	3	6	5	11	17	8	14	4	3	7	1	—	—
Alcoholic	192	29	—	—	18	2	64	13	77	71	13	33	6	—	—	—	—	—
Due to drugs and other exogenous toxins	14	7	—	—	2	—	4	2	6	3	4	4	—	—	—	—	—	—
With pellagra	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
With other somatic diseases	16	34	1	—	2	6	1	9	10	3	10	8	1	—	—	—	—	—
Manic-depressive	129	198	13	9	31	40	26	60	86	21	49	31	6	9	15	1	—	—
Involuntal melancholia	20	17	—	—	—	—	1	1	1	5	6	11	10	21	4	—	—	—
Dementia praecox	148	185	17	12	65	40	46	66	112	13	40	7	21	28	—	5	5	—
Paranoia or paranoid conditions	24	39	1	—	1	—	2	4	6	11	18	6	14	20	2	3	5	1
Epileptic psychoses	22	11	4	2	5	6	6	3	9	5	—	2	—	—	—	—	—	—
Psychoneuroses and neuroses	65	61	6	11	19	21	18	17	35	7	24	5	4	9	—	1	—	—
With psychopathic personality	14	47	1	10	3	13	3	10	13	4	9	3	—	—	—	—	—	—
With mental deficiency	23	13	1	2	3	10	1	8	2	10	3	1	—	—	—	—	—	—
Undiagnosed psychoses	103	69	5	3	19	12	22	21	43	32	22	22	10	32	3	1	4	—
Without psychoses	570	256	94	88	135	63	120	45	165	119	32	72	15	87	7	3	10	1
Diagnosis deferred	12	11	2	1	4	4	2	—	2	3	3	1	—	—	—	—	—	—
Total	1,509	1,068	154	141	321	212	351	268	619	343	231	239	147	386	20	13	33	8

†Includes observation cases.

TABLE 154. — *Psychoses of Temporary Care¹ and Voluntary Cases Discharged from Hospitals for Mental Diseases, 1933, by Age at Discharge and Sex — Concluded*
Voluntary

PSYCHOSES	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Senile	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	13	1	14	1	—	1	—	—	—	6	—	6	4	1	5	1	—	—	1	—	—	1	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	3	—	3	—	—	—	1	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	2	4	—	—	—	—	—	—	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	17	15	32	—	—	—	1	3	4	3	2	5	4	6	10	5	2	7	3	2	5	1	—	—	—	—	—
Involutional melancholia	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	17	11	28	6	3	9	4	4	8	2	3	5	2	1	3	3	—	3	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	24	15	39	—	4	4	2	1	3	16	1	17	5	5	10	1	2	3	—	—	—	1	1	—	—	—	—
With psychopathic personality	1	1	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	71	39	110	22	18	40	5	9	14	15	5	20	18	3	21	7	4	11	3	—	—	—	—	—	1	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.	156	89	245	30	25	55	14	19	33	45	13	58	38	18	56	18	9	27	7	4	11	2	1	3	2	—	2

¹Includes observation cases.

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1933, by Form of Admission and Sex*

PSYCHOSES	TOTAL						COURT COMMITMENT ¹					
	TOTAL			ALL FIRST ADMISSIONS			ALL READMISSIONS			TRANSFERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	18	1	19	13	1	14	4	—	4	1	—	1
Senile	21	42	63	20	37	57	1	5	6	—	—	—
With cerebral arteriosclerosis	115	95	210	95	76	171	10	9	19	10	10	20
General paralysis	144	34	178	84	21	105	23	11	34	37	2	39
With cerebral syphilis	24	5	29	15	3	18	5	2	7	4	—	4
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	1	1	—	1	—	—	—	—	—	—
With other brain or nervous diseases	64	50	114	47	34	81	11	12	23	6	4	10
Alcoholic	343	49	392	252	36	288	70	10	80	21	3	24
Due to drugs and other exogenous toxins	19	18	37	15	17	32	4	1	5	—	—	—
With pellagra	36	78	114	32	68	100	2	7	9	2	3	5
With other somatic diseases	359	457	816	205	256	461	124	177	301	30	24	54
Manic-depressive	37	67	104	28	48	76	7	16	23	2	3	5
Involutional melancholia	510	512	1,022	260	302	562	134	117	251	116	93	209
Dementia praecox	52	83	135	38	63	101	11	18	29	3	2	5
Paranoia or paranoid conditions	61	40	101	45	24	69	12	12	24	4	4	8
Epileptic psychoses	108	111	219	77	81	158	29	27	56	2	3	5
Psychoneuroses and neuroses	37	55	92	20	31	51	12	20	32	5	4	9
With psychopathic personality	66	76	142	39	44	83	20	21	41	7	11	18
With mental deficiency	110	74	184	89	59	148	19	11	30	2	4	6
Undiagnosed psychoses	675	314	989	510	215	725	165	96	261	—	—	—
Without psychoses	12	11	23	12	9	21	—	2	2	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,813	2,172	4,985	1,898	1,425	3,323	663	574	1,237	252	173	425
										896	842	1,738
										621	586	1,207
										275	256	531

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1933, by form of Admission and Sex* — Continued

	TEMPORARY CARE						OBSERVATION					
	TOTAL			FIRST ADMISSIONS			READMISSIONS			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES												
Traumatic	4	—	4	3	—	3	1	—	1	3	—	3
Senile	7	5	12	7	5	12	—	—	—	—	—	—
With cerebral arteriosclerosis	32	31	63	27	25	52	5	6	11	6	1	7
General paralysis	37	14	51	31	10	41	6	4	10	7	3	10
With cerebral syphilis	8	1	9	7	—	7	1	1	2	1	—	1
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	45	28	73	37	21	58	8	7	15	6	2	8
Alcoholic	135	18	153	111	16	127	24	2	26	57	11	68
Due to drugs and other exogenous toxins	10	4	14	7	4	11	3	—	3	4	3	7
With pellagra	1	—	1	1	—	1	—	—	—	—	—	—
With other somatic diseases	13	29	42	12	26	38	1	3	4	3	5	8
Manic-depressive	110	178	288	82	129	211	28	49	77	19	20	39
Involuntional melancholia	20	17	37	17	12	29	3	5	8	—	—	—
Dementia praecox	122	171	293	93	125	218	29	46	75	26	14	40
Paranoia or paranoid conditions	13	34	47	13	29	42	—	5	5	11	5	16
Epileptic psychoses	18	9	27	15	6	21	3	3	6	1	1	2
Psychoneuroses and neuroses	41	45	86	32	36	68	9	9	18	24	16	40
With psychopathic personality	11	25	36	8	18	26	3	7	10	3	7	10
With mental deficiency	17	24	41	12	15	27	5	9	14	6	4	10
Undiagnosed psychoses	92	67	159	76	57	133	16	10	26	11	2	13
Without psychoses	288	148	436	229	123	352	59	25	84	282	108	390
Diagnosis deferred	11	11	22	11	9	20	—	2	2	1	—	1
Total	1,035	859	1,894	831	666	1,497	204	193	397	474	209	683
										333	121	454
										141	88	229

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1923, by Form of Admission and Sex — Concluded.*

PSYCHOSES	VOLUNTARY									TRANSFERS		
	TOTAL			FIRST ADMISSIONS			READMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	1	—	1	1	—	1	—	1	—
Senile	1	—	1	1	—	1	1	—	—	—	—	1
With cerebral arteriosclerosis	3	—	3	3	—	3	3	—	—	—	10	20
General paralysis	13	1	14	9	1	10	4	—	4	—	37	39
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	4	4
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	1	1	—	—	—	—	—	1	1	4	10
Alcoholic	3	—	3	3	—	3	—	—	—	—	21	24
Due to drugs and other exogenous toxins	—	1	1	—	1	1	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	2	4	2	2	4	—	—	—	2	3	5
Manic-depressive	17	15	32	6	5	11	11	10	21	30	24	54
Involutional melancholia	1	—	1	—	—	1	—	—	—	2	3	5
Dementia praecox	—	2	2	—	2	2	—	—	—	116	93	209
Paranoia or paranoid conditions	—	1	1	—	1	1	—	—	—	3	2	5
Epileptic psychoses	17	11	28	15	10	25	2	1	3	4	4	8
Psychoneuroses and neuroses	24	15	39	17	8	25	7	7	14	2	3	5
With psychopathic personality	1	1	2	—	—	—	1	1	2	5	4	9
With mental deficiency	—	—	—	—	—	—	—	—	—	7	11	18
Undiagnosed psychoses	1	—	1	1	—	1	—	—	—	2	4	6
Without psychoses	71	39	110	54	22	76	17	17	34	—	3	3
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total.	156	89	245	113	52	165	43	37	80	252	173	425

Includes sane dangerous cases at Monson.

TABLE 156. — *Citizenship of Patients Discharged from Hospitals for Mental Diseases, 1933, by Form of Admission and Sex*

Number

FORM OF ADMISSION	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment	885	837	1,722	567	530	1,097	125	119	244	156	151	307	37	37	74
Temporary Care and Observation	1,509	1,068	2,577	1,041	730	1,771	244	160	404	191	147	338	33	31	64
Voluntary	156	89	245	136	80	216	11	6	17	6	2	8	3	1	4
Others ¹	11	5	16	10	4	14	—	—	—	1	1	2	—	—	—
Total	2,561	1,999	4,560	1,754	1,344	3,098	380	285	665	354	301	655	73	69	142
Per Cent															
Regular Commitment	34.6	41.9	37.8	32.3	39.4	35.4	32.9	41.8	36.7	44.1	50.2	46.9	50.7	53.6	52.1
Temporary Care and Observation	58.9	53.4	56.5	59.4	54.3	57.2	64.2	56.1	60.8	53.9	48.8	51.6	45.2	44.9	45.1
Voluntary	6.1	4.5	5.4	7.8	6.0	7.0	2.9	2.1	2.5	1.7	.7	1.2	4.1	1.5	2.8
Others ¹ . . . . .	.4	.2	.3	.5	.3	.4	—	—	—	.3	.3	.3	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Includes sane dangerous cases at Monson.

TABLE 157. — *Number of Times Out on Visit during This Admission and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1933, by Sex*

PSYCHOSES	TOTAL			NUMBER OF TIMES OUT ON VISIT											
	NUMBER OF CASES			NUMBER OF VISITS			NONE			ONE			TWO		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	1	9	12	1	13	—	5	—	7	1	8	—	—	—
Senile	13	36	49	14	62	76	1	4	5	11	20	31	—	6	—
With cerebral arteriosclerosis.	64	48	112	69	56	125	5	3	8	55	41	96	1	5	—
General paralysis	50	14	64	106	25	131	6	3	9	26	7	33	1	1	2
With cerebral syphilis	11	4	15	22	5	27	2	1	3	5	1	6	4	1	6
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—
With brain tumor	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	7	15	22	12	17	29	3	1	4	3	11	14	—	—	—
Alcoholic	127	17	144	132	16	148	30	2	32	78	14	92	12	4	—
Due to drugs and other exogenous toxins	5	10	15	5	8	13	1	2	3	3	8	11	1	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	16	39	55	27	55	82	3	3	6	9	29	38	2	2	—
Manic-depressive	183	220	403	298	328	626	19	16	35	110	141	251	25	34	59
Involuntional melancholia	14	47	61	20	69	89	2	5	7	7	32	39	2	5	7
Dementia praecox	246	232	478	521	331	852	41	27	68	109	136	245	36	36	72
Paranoia or paranoid conditions	25	41	66	35	58	93	2	5	7	17	27	44	4	6	10
Epileptic psychoses	18	14	32	62	22	84	—	1	1	10	10	20	1	2	3
Psychoneuroses and neuroses	17	32	49	15	47	62	6	5	11	8	17	25	2	5	7
With psychopathic personality	17	18	35	34	41	75	6	1	7	6	10	16	2	1	3
With mental deficiency	36	37	73	53	71	124	15	8	23	10	16	26	4	5	9
Undiagnosed psychoses	4	1	5	4	1	5	—	—	—	4	1	5	—	—	—
Without psychoses	34	16	50	42	22	64	17	7	24	9	4	13	3	2	5
Total	896	842	1,738	1,484	1,235	2,719	159	94	253	488	526	1,014	105	112	217
													77	65	142
													67	45	112

TABLE 158. — Age at Discharge of All Committed Patients Discharged from Hospitals for Mental Diseases, 1933, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	86	97	183	3	6	9	17	16	33	14	11	25	12	23	35	19	20	39	10	11	21	8	9	17	3	1	4
Boston Psychopathic	20	24	44	2	6	8	22	4	6	6	7	13	5	5	10	3	2	5	1	1	1	3	1	4	1	1	1
Danvers	107	112	219	5	6	11	22	25	47	21	26	47	23	22	45	19	15	34	12	13	25	3	1	4	2	4	6
Foxborough	40	35	75	3	1	4	12	8	20	10	10	20	5	4	9	3	7	10	2	4	4	5	—	5	—	1	1
Gardner	13	23	36	—	—	—	2	7	9	4	4	—	4	6	10	3	6	9	3	2	4	—	—	—	—	—	—
Grafton	12	14	26	—	—	—	2	4	6	4	4	8	2	2	4	1	2	3	3	2	4	—	—	—	—	—	—
Medford	28	46	74	—	—	—	3	10	13	9	6	15	4	6	11	9	9	18	2	6	8	1	5	6	—	2	2
Metropolitan	17	11	28	—	—	—	1	1	5	3	3	6	5	4	9	4	4	2	1	1	2	—	—	—	—	—	—
Northampton	74	101	175	4	—	4	14	10	24	15	19	34	21	30	51	12	20	32	3	18	21	4	4	8	1	—	1
Taunton	72	66	138	2	2	4	10	15	25	14	18	32	17	12	29	15	12	27	7	7	14	6	6	6	1	1	1
Westborough	87	107	194	3	2	5	16	21	37	15	29	44	14	17	31	18	21	39	16	13	29	5	3	8	1	1	1
Worcester	163	169	332	7	6	13	30	26	56	34	46	80	29	42	71	35	25	60	18	13	31	8	9	17	2	2	4
Monson	11	7	18	2	2	4	4	4	8	3	—	3	1	2	4	—	—	—	1	1	1	1	1	2	—	—	—
McLean	15	27	42	—	—	3	6	7	13	4	6	10	2	2	6	1	5	6	2	3	3	—	—	—	—	—	—
Bridgewater	32	—	32	—	—	—	1	—	1	12	—	12	6	—	—	2	—	—	1	—	—	—	—	—	—	—	—
Tewksbury	3	3	6	—	—	—	1	—	1	54	1	54	30	1	30	—	—	—	1	—	—	—	—	—	—	—	—
Veterans Adm. Fac. No. 107	91	—	91	—	—	—	—	—	—	11	—	11	14	—	14	6	—	—	6	—	—	—	—	—	—	—	—
Veterans Adm. Fac. No. 95	25	—	25	—	—	—	—	—	—	11	—	11	14	—	14	—	—	—	—	—	—	—	—	—	—	—	—
Total	896	842	1,738	34	33	67	151	158	309	234	186	420	194	178	372	150	146	296	82	98	180	41	32	73	10	11	21

TABLE 159. — *Psychoses and Form of Admission of All Patients Dying in Hospitals for Mental Diseases, 1933, by Sex*
Court First Admissions

PSYCHOSES	TOTAL			REGULAR COMMITMENT ¹			TEMPORARY CARE			OBSERVATION			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	1	4	2	1	3	—	—	—	1	—	1	—	—	—
Senile	80	150	230	75	144	219	3	4	7	2	2	4	—	—	—
With cerebral arteriosclerosis	279	213	492	248	199	447	19	11	30	12	3	15	—	—	—
General paralysis	83	23	106	80	22	102	1	1	2	2	—	2	—	—	—
With cerebral syphilis	8	6	14	8	6	14	—	—	—	—	—	—	—	—	—
With Huntington's chorea	2	2	4	2	1	3	—	—	—	—	1	1	—	—	—
With brain tumor	6	—	6	6	—	6	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	25	16	41	17	16	33	7	—	7	1	—	—	—	—	—
Alcoholic	40	11	51	31	9	40	5	1	6	4	1	5	—	—	—
Due to drugs and other exogenous toxins	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	28	45	73	17	40	57	7	4	11	3	1	4	1	—	1
Manic-depressive	30	27	57	29	24	53	—	2	2	1	1	2	—	—	—
Involutional melancholia	12	12	24	11	12	23	—	—	—	1	1	—	—	—	—
Dementia praecox	71	73	144	69	73	142	1	—	—	1	—	1	—	—	—
Paranoia or paranoid conditions	4	6	10	3	5	8	—	—	—	1	—	—	—	—	—
Epileptic psychoses	19	28	47	12	13	25	1	1	2	—	—	—	7	15	22
Psychoneuroses and neuroses	1	1	2	1	—	1	—	—	—	—	—	—	—	1	1
With psychopathic personality	4	3	7	4	3	7	—	—	—	—	—	—	—	—	—
With mental deficiency	18	14	32	18	14	32	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	2	2	4	1	2	3	—	—	—	1	—	1	—	—	—
Without psychoses	31	18	49	7	6	13	1	1	2	2	1	3	21	10	31
Diagnosis deferred	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Total.	747	652	1,399	641	591	1,232	46	25	71	31	10	41	29	26	55

¹Includes sane dangerous cases at Monson.

TABLE 159. — *Psychoses and Form of Admission of All Patients Dying in Hospitals for Mental Diseases, 1932, by Sex — Concluded*
Readmissions

PSYCHOSES	TOTAL			REGULAR COMMITMENT ¹			TEMPORARY CARE			OBSERVATION			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	7	15	22	7	14	21	—	1	1	—	—	—	—	—	—
Senile	21	15	36	20	14	34	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	12	11	23	11	1	12	—	—	1	1	2	—	—	—	—
General paralysis	7	1	8	7	1	8	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	3	2	5	3	2	5	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	16	5	21	16	5	21	—	—	—	—	—	—	—	—	—
Alcoholic	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	2	3	5	1	3	4	1	—	1	—	—	—	—	—	—
With other somatic diseases	25	25	50	25	25	50	—	—	—	—	—	—	—	—	—
Manic-depressive	4	5	9	4	5	9	—	—	—	—	—	—	—	—	—
Involutional melancholia	81	114	195	79	114	193	—	—	—	2	2	—	—	—	—
Dementia praecox	2	4	6	2	4	6	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	14	18	32	11	12	23	—	—	—	1	1	—	2	6	8
Epileptic psychoses	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	2	4	2	2	4	—	—	—	—	—	—	—	—	—
With psychopathic personality	10	15	25	10	15	25	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	6	10	16	2	3	5	—	1	1	—	—	—	4	6	10
Total	213	236	449	201	221	422	2	2	4	4	1	5	6	12	18

¹Includes sane dangerous cases at Monson.

TABLE 160. — *Psychoses of First Court Admissions who Died in Hospitals for Mental Diseases, 1933, by Age at Admission and Sex*

PSYCHOSES	TOTAL		UNDER 19 YEARS		20-29 YEARS		30-39 YEARS		40-49 YEARS		50-59 YEARS		60-69 YEARS		70-79 YEARS		80 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	1	3	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Senile	75	144	219	—	—	—	—	—	—	—	—	—	15	35	50	18	48	66
With cerebral arteriosclerosis	248	199	447	—	—	—	—	—	3	1	4	—	72	62	134	26	43	69
General paralysis	80	22	102	—	1	1	—	—	25	8	33	—	9	1	10	—	—	—
With cerebral syphilis	8	6	14	—	1	1	17	6	2	1	3	—	2	1	3	—	—	—
With Huntington's chorea	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
With brain tumor	6	—	6	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	17	16	33	—	—	—	—	—	4	1	5	—	10	1	11	—	—	—
Alcoholic	31	9	40	—	—	—	6	—	10	3	13	—	5	2	7	—	—	—
Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	17	40	57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	29	24	53	—	1	1	4	4	4	8	12	—	5	6	11	2	2	4
Manic-depressive	11	12	23	—	1	1	2	5	3	5	8	—	3	3	6	—	1	1
Involutional melancholia	69	73	142	5	2	7	—	1	1	2	3	—	2	2	4	—	—	—
Dementia praecox	3	5	8	—	—	21	15	36	12	19	31	9	18	27	2	2	2	2
Paranoia or paranoid conditions	12	13	25	1	4	5	—	—	—	1	1	2	2	4	1	—	—	—
Epileptic psychoses	1	—	1	—	—	2	3	5	—	3	3	—	3	1	4	—	—	—
Psychoneuroses and neuroses	4	3	7	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	18	14	32	1	2	3	7	2	5	4	9	2	—	—	—	—	—	—
With mental deficiency	1	2	3	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	7	6	13	4	4	8	—	—	—	—	—	—	1	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	641	591	1,232	11	16	27	57	39	96	74	60	134	108	92	200	172	137	309
				40	33	73	—	—	—	—	—	—	133	120	253	46	94	140

TABLE 162. — Age at Death of Court First Admissions who Died in Hospitals for Mental Diseases, 1933, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	103	102	205	-	-	-	1	1	2	6	5	11	10	4	14	18	12	30	28	18	46	33	33	66	7	29	36
Boston Psychopathic	3	6	9	-	-	-	2	2	2	5	1	1	-	2	2	2	3	4	-	-	-	-	-	-	-	-	-
Danvers	95	113	208	1	3	4	2	5	7	5	11	16	9	8	17	12	15	27	28	32	60	30	20	50	8	19	27
Foxborough	49	31	80	-	-	-	2	-	2	3	2	5	3	2	5	8	7	15	15	11	26	11	5	16	7	6	13
Gardner	17	14	31	-	2	2	-	-	1	1	-	1	1	1	2	2	1	3	4	2	6	5	6	11	4	2	6
Granton	4	5	9	-	-	-	-	1	1	-	-	-	1	1	1	1	1	2	1	1	2	2	1	3	-	-	-
Medfield	19	13	32	-	-	-	-	2	2	3	-	3	3	1	4	2	1	3	2	4	6	6	4	10	3	1	4
Metropolitan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton	52	61	113	-	-	-	-	4	2	6	1	-	5	3	8	7	11	18	7	14	21	21	21	42	7	10	17
Taunton	82	61	143	1	-	1	2	2	4	5	4	9	8	2	10	9	10	19	21	12	33	29	15	44	7	16	23
Westborough	64	78	142	1	-	1	3	1	4	3	3	6	7	9	16	16	7	23	9	18	27	19	24	43	6	16	22
Worcester	94	84	178	1	1	2	1	4	5	14	9	14	14	12	26	12	8	20	23	19	42	26	16	42	12	15	27
Monson	11	11	22	1	3	4	7	3	10	1	2	3	-	1	1	1	-	1	1	-	-	-	2	2	-	-	-
McLean	4	5	9	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	1	-	3	2	1	3	-
Bridgewater	22	-	22	-	-	-	-	-	-	6	-	6	3	-	3	3	3	-	7	-	7	3	3	3	-	-	-
Tewksbury	11	7	18	-	-	-	-	-	-	1	1	2	2	-	2	-	-	-	5	1	6	3	4	7	-	1	1
Veterans Adm. Fac. No. 107	8	-	8	-	-	-	-	-	-	4	-	4	3	-	3	-	-	-	1	-	1	-	-	-	-	-	-
Veterans Adm. Fac. No. 95	3	-	3	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-
Total	641	591	1,232	5	9	14	22	23	45	44	36	80	70	46	116	95	75	170	154	132	286	188	154	342	63	116	179

TABLE 164. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of All Committed Patients who Died during 1933, by Sex*

NUMBER OF ADMISSIONS										TOTAL		LESS THAN 1 MONTH		1-3 MONTHS		4-7 MONTHS		8-11 MONTHS		1 YEAR		2 YEARS					
										M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
One	530	511	1,041	124	101	225	85	91	176	40	25	65	46	52	98	28	41	69
Two	194	175	369	20	11	31	23	13	36	6	8	14	19	7	26	17	9	26
Three	62	72	134	5	4	9	4	5	9	1	4	5	6	10	16	8	5	13
Four	31	27	58	3	—	3	1	4	5	2	2	2	2	4	4	2	3	5
Five	18	11	29	1	—	1	3	1	4	—	—	—	1	3	4	2	3	1
Six	1	7	8	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Seven	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Eight	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Nine	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten or more	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	842	812	1,654	153	117	270	116	114	230	49	38	87	74	76	150	57	60	117

NUMBER OF ADMISSIONS										3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30 YEARS AND OVER									
										M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
One	26	18	44	18	25	43	38	49	87	23	18	41	12	13	25	13	9	22	8	3	11	10	5	15
Two	4	10	14	8	13	21	30	29	59	19	14	33	11	21	32	6	10	16	8	15	23	13	10	23
Three	2	2	4	1	1	2	7	14	21	7	11	18	1	6	7	1	2	5	7	4	5	7	3	8
Four	3	1	4	—	1	1	4	5	9	3	3	6	1	3	4	1	2	3	4	—	4	1	2	3
Five	1	—	1	—	1	1	1	4	1	1	2	2	1	1	2	1	1	1	2	1	—	1	2	3
Six	—	—	—	—	—	—	—	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seven	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten or more	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	36	32	68	27	42	69	87	100	187	53	50	103	26	47	73	29	24	53	23	24	47	31	21	52

TABLE 166. — *Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1933, by Psychoses and Sex — Concluded*

CAUSES OF DEATH	DEMENTIA PRAECOX			PARANOIA OR PARANOID CONDITIONS			EPILEPTIC PSYCHOSES			PSYCHONEU- ROSES AND NEUROSES			WITH PSYCHO- PATHIC PER- SONALITY			WITH MENTAL DEFICIENCY			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>																					
Bronchitis	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia	10	14	24	—	1	1	—	1	—	—	—	—	—	—	—	1	2	3	5	14	19
Lobar pneumonia	11	6	17	—	1	1	—	—	—	—	—	—	—	—	—	2	3	5	1	2	3
Pleurisy	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	2
Other diseases of the respiratory system (tuberculosis ex- cepted)	2	1	3	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Digestive System:</i>																					
Diseases of the pharynx and tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Ulcer of stomach and duodenum	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Diarrhea and enteritis	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Appendicitis and typhlitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	1	4	5	1	1	1	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of liver	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	2	—	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	3	3
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa:</i>																					
Nephritis	3	4	7	—	—	—	—	1	1	—	—	—	—	—	—	1	—	1	—	1	5
Other diseases of kidneys and annexa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—	—
Diseases of bladder	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Diseases of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of genital organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of genito-urinary system	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
<i>Diseases of Skin and of the Cellular Tissues:</i>																					
Gangrene	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Other diseases of skin and annexa	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	1
<i>External Causes:</i>																					
Suicide	4	1	5	—	—	—	—	—	1	1	—	—	—	—	—	—	2	2	1	1	2
Homicide	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental traumatism	5	1	6	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Other external causes	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1
Total	148	187	335	5	9	14	23	25	48	2	—	2	6	5	11	28	29	57	73	83	156

TABLE 167. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1933, by Citizenship and Sex*

NATIVITY	TOTAL			ALIEN			NATURALIZED			CITIZENS BY BIRTH			OTHERS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	2	2	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Australia	5	3	8	1	1	2	2	2	4	—	—	—	—	—	—	2	2	
Austria	97	73	170	75	49	124	11	10	21	—	—	—	—	—	—	11	14	
Belgium	7	5	12	—	5	5	—	—	2	—	—	—	—	—	—	—	1	
Canada ¹	730	929	1,659	348	477	825	236	263	499	—	—	—	—	—	2	146	187	
Central America	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	
China	24	—	24	21	—	21	1	—	—	—	—	—	—	—	—	1	—	
Czechoslovakia	3	6	9	2	2	4	2	2	4	—	—	—	—	—	—	—	—	
Cuba	1	4	5	—	2	2	—	3	5	—	—	—	—	—	—	—	—	
Denmark	17	10	27	9	6	15	—	4	9	—	—	—	—	—	—	—	—	
England	219	306	525	97	137	234	87	123	210	—	—	—	—	—	—	3	3	
Finland	81	58	139	58	41	99	12	12	24	—	—	—	—	—	—	35	46	
France	16	23	39	8	15	23	4	6	10	—	—	—	—	—	—	11	5	
Germany	92	96	188	30	48	84	33	29	62	—	—	—	—	—	—	4	2	
Greece	30	30	124	55	22	77	21	3	24	—	—	—	—	—	—	23	19	
Holland	3	—	3	2	—	2	1	—	1	—	—	—	—	—	—	18	5	
Hungary	11	12	23	5	8	13	2	2	4	—	—	—	—	—	—	4	2	
India	3	1	4	1	—	1	2	2	—	—	—	—	—	—	—	—	—	
Ireland	694	1,237	1,931	275	620	895	289	364	653	—	—	—	1	3	4	129	250	
Italy	470	276	746	303	181	484	108	53	161	—	—	—	—	—	—	59	42	
Japan	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Jugo-Slavia	3	—	3	2	—	2	—	—	—	—	—	—	—	—	—	—	—	
Mexico	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Norway	27	18	45	13	7	20	10	7	17	—	—	—	—	—	—	4	4	
Philippine Islands	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Poland	331	227	558	241	165	406	54	30	84	—	—	—	—	—	—	36	32	
Porto Rico	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Portugal	128	81	209	97	66	163	19	4	23	—	—	—	—	—	—	12	11	
Rumania	9	3	12	5	2	7	—	—	—	—	—	—	—	—	—	—	—	
Russia	432	326	758	286	200	486	86	62	148	—	—	—	1	1	2	60	63	
Scotland	61	88	149	24	45	69	28	22	50	—	—	—	—	—	—	9	21	
South America	8	2	10	6	2	8	1	—	—	—	—	—	—	—	—	1	—	
Spain	9	1	10	7	—	7	—	—	—	—	—	—	—	—	—	2	2	
Sweden	126	158	284	56	88	144	51	43	94	—	—	—	1	1	2	18	26	
Switzerland	7	5	12	5	3	8	—	—	—	—	—	—	—	—	—	1	—	
Turkey in Asia	27	10	37	18	4	22	4	3	7	—	—	—	—	—	—	5	—	
Turkey in Europe	20	6	26	16	6	22	4	—	—	—	—	—	—	—	—	—	—	
United States	7,585	6,916	14,501	—	—	—	—	—	—	7,585	6,916	14,501	—	—	—	—	—	
Wales	9	3	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
West Indies ²	23	25	48	19	15	34	5	6	11	—	—	—	—	—	—	1	1	
Other Countries ³	195	113	308	125	84	209	37	17	54	—	—	—	—	—	—	32	12	
Unknown	40	29	69	—	—	—	—	—	—	—	—	—	—	—	—	40	29	
Total	11,619	11,085	22,704	2,232	2,307	4,539	1,130	1,075	2,205	7,585	6,916	14,501	3	7	10	669	780	1,449

¹Includes Newfoundland.²Except Cuba and Porto Rico³Includes Europe and Asia, not specified; also born at sea.

TABLE 168. — Age at Admission and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL			UNDER 19 YEARS						20-29 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	22	5	27	1	1	2	1	1	2	1	1	2	2	1	2
Senile	166	318	484	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis.	374	364	738	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	233	75	308	1	—	1	1	—	1	7	2	9	12	3	15
With cerebral syphilis	33	18	51	—	—	—	—	—	—	1	1	1	1	1	1
With Huntington's chorea	8	4	12	—	1	1	—	—	—	—	—	—	—	—	—
With brain tumor	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	67	55	122	9	6	15	4	4	8	9	11	20	16	3	19
Alcoholic	503	68	571	—	1	1	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	2	5	7	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	27	52	79	2	1	3	2	1	3	2	6	8	2	6	8
Manic-depressive	171	316	487	4	6	10	—	4	4	22	28	50	18	16	34
Involuntary melancholia	85	105	190	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	1,714	1,621	3,335	105	72	177	23	20	43	698	391	1,089	253	157	410
Paranoia or paranoid conditions	73	124	197	—	42	95	17	9	26	4	2	6	—	—	—
Psychoneuroses	203	220	423	53	42	95	—	1	1	51	60	111	47	38	85
Epileptic psychoses	21	27	48	—	1	1	—	—	—	3	7	10	3	5	8
Psychoneuroses and neuroses.	32	25	57	1	1	2	—	1	1	10	3	13	1	1	2
With psychopathic personality	295	268	563	33	33	66	5	7	12	96	65	161	44	38	82
With mental deficiency	9	6	15	3	1	4	2	1	3	—	2	2	1	2	3
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No associated condition	8	4	12	—	—	—	—	—	—	2	1	3	2	1	3
Epilepsy	27	32	59	19	20	39	15	10	25	6	9	15	7	6	13
Epilepsy with mental deficiency	233	187	420	188	132	320	147	100	247	21	27	48	39	33	72
Mental deficiency	39	25	64	10	3	13	1	1	2	11	11	22	9	3	12
Alcoholism	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	5	2	7	2	—	2	1	—	1	—	1	1	1	1	2
Other conditions	7	3	10	1	—	1	1	—	1	1	1	2	1	1	2
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	4,364	3,994	8,358	432	321	753	220	159	379	968	632	1,600	449	320	769

TABLE 168. — *Age at Admission and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1933, by Psychoses and Sex — Continued*

PSYCHOSES	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	5	1	6	2	—	2	7	1	8	5	2	7	5	1	6	7	1	8
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	63	22	85	45	14	59	79	23	102	77	21	98	53	19	106	36	31	67
With cerebral syphilis	11	5	16	8	3	11	5	7	12	6	2	8	10	5	15	8	6	14
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	11	13	24	11	10	21	25	6	31	23	8	31	8	13	21	11	13	24
Alcoholic	114	8	122	33	2	35	179	25	204	95	12	107	135	15	150	169	16	185
Due to drugs and other exogenous toxins	1	—	1	1	—	1	1	2	3	1	1	2	—	2	2	—	3	3
With pellagra	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	10	13	3	8	11	8	15	23	9	10	19	6	14	20	5	17	22
Manic-depressive	26	88	114	13	51	64	44	88	132	37	80	117	32	71	103	44	79	123
Involuntal melancholia	2	4	6	—	1	1	18	63	81	11	27	38	37	77	114	36	75	111
Dementia praecox	558	501	1,059	394	318	712	259	400	659	418	437	885	76	198	274	374	352	726
Paranoia or paranoid conditions	13	17	30	8	4	12	31	39	70	20	25	45	15	45	60	26	28	54
Epileptic psychoses	38	46	84	39	35	74	28	40	68	35	56	91	20	18	38	38	48	86
Psychoneuroses and neuroses	8	7	15	7	6	13	5	6	11	5	6	11	4	5	9	3	6	9
With psychopathic personality	10	6	16	12	3	15	7	6	13	6	5	11	3	6	9	8	5	13
With mental deficiency	76	79	155	62	56	118	47	52	99	73	80	153	36	28	64	74	48	122
Undiagnosed psychoses	—	1	1	—	1	1	3	1	4	—	—	—	3	—	3	3	—	3
Without psychoses:																		
No associated condition	—	1	1	—	1	1	—	—	—	—	—	—	2	—	2	2	—	2
Epilepsy	2	1	3	5	7	12	—	1	1	—	4	4	—	—	—	—	4	4
Epilepsy with mental deficiency	6	19	25	21	28	49	8	7	15	11	16	27	9	2	11	10	9	19
Mental deficiency	2	6	8	4	8	12	10	4	14	10	7	17	6	1	7	11	4	15
Alcoholism	—	—	—	—	—	—	1	—	1	1	—	1	—	—	1	1	—	1
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	2	—	2	—	1	1	1	—	—	2	—	2	1	—	1	1	1	1
Other conditions	2	—	2	2	—	2	—	2	3	—	2	3	—	2	—	2	—	2
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	956	835	1,791	674	557	1,231	774	800	1,574	883	807	1,690	525	606	1,131	939	779	1,718

TABLE 168. — *Age at Admission and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1933, by Psychoses and Sex — Concluded*

	60-69 YEARS						70-79 YEARS						80 YEARS AND OVER					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	4	—	4	—	—	—	1	1	1	—	—	—	—	—	—
Senile	60	108	168	36	74	110	72	129	201	2	138	232	25	55	80	35	97	132
With cerebral arteriosclerosis	139	138	277	127	137	264	152	124	276	166	136	302	27	37	64	43	56	99
General paralysis	25	6	31	31	15	46	—	1	1	4	2	6	—	1	—	—	1	1
With cerebral syphilis	5	1	6	9	7	16	1	—	—	1	1	—	—	—	—	—	—	—
With Huntington's chorea	3	—	3	3	—	3	—	—	—	1	1	2	—	—	—	—	—	—
With brain tumor	2	—	2	7	—	2	2	1	3	3	2	5	—	—	—	—	—	—
With other brain or nervous diseases	3	5	8	7	9	16	2	1	3	—	—	—	—	—	—	—	—	—
Alcoholic	53	11	64	143	25	168	6	5	11	51	10	61	—	—	—	6	2	8
Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
With pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	5	5	10	5	11	16	1	1	1	3	1	4	—	—	—	—	—	—
Manic-depressive	40	31	71	43	61	104	3	4	7	12	22	34	—	—	—	4	3	7
Involuntional melancholia	28	21	49	32	44	76	—	—	—	5	16	21	—	—	—	1	2	3
Dementia praecox	18	57	75	180	224	404	—	2	2	40	99	139	—	—	—	2	14	16
Paranoia or paranoid conditions	10	17	27	16	41	57	—	3	3	3	23	26	—	1	1	—	3	3
Epileptic psychoses	11	11	22	21	25	46	2	3	5	6	7	13	—	—	—	—	2	2
Psychoneuroses and neuroses	1	1	2	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	1	3	4	5	6	11	—	—	—	—	4	4	—	—	—	—	—	—
With mental deficiency	6	10	16	28	30	58	1	1	2	8	8	16	—	—	—	1	1	2
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
No associated condition	—	—	2	1	—	—	2	1	3	3	1	4	—	—	—	—	—	—
Epilepsy	2	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy with mental deficiency	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Mental deficiency	1	—	1	4	1	5	—	—	—	—	1	1	—	—	—	—	—	—
Alcoholism	—	—	—	3	2	5	—	—	—	1	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	415	429	844	703	717	1,420	242	277	519	404	473	877	52	94	146	92	182	274

TABLE 169. — *Age at Admission and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases, on September 30, 1933, by Psychoses and Sex*

PSYCHOSES	TOTAL			UNDER 19 YEARS						20-29 YEARS					
	M. F. T.			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	30	1	31	1	—	1	—	—	—	4	—	4	2	—	2
Senile	30	81	111	1	—	1	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	119	133	252	—	—	—	1	—	1	—	—	—	—	—	—
General paralysis	276	63	339	3	1	4	2	1	3	7	8	15	3	4	7
With cerebral syphilis	56	17	73	—	—	—	—	—	—	3	1	4	—	—	—
With Huntington's chorea	4	6	10	—	—	—	—	—	—	—	3	3	—	2	2
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	85	54	139	13	6	19	5	5	10	16	8	24	20	8	28
Alcoholic	608	131	739	2	—	2	1	—	1	18	4	22	3	2	5
Due to drugs and other exogenous toxins	7	6	13	—	—	—	—	—	—	—	1	1	—	—	—
With pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	29	41	70	—	3	3	—	2	2	3	2	5	—	3	5
Manic-depressive	557	881	1,438	17	16	33	13	9	22	76	113	189	52	68	120
Involuntional melancholia	55	138	193	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	4,053	4,135	8,188	97	78	175	18	15	33	1,166	—	1,903	341	216	557
Paranoia or paranoid conditions	134	255	389	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	325	308	633	54	64	118	8	14	22	72	79	151	38	44	82
Psychoneuroses and neuroses	33	62	95	3	4	7	2	3	5	5	9	14	6	9	15
With psychopathic personality	63	58	121	5	4	9	3	2	5	15	14	29	12	14	26
With mental deficiency	561	542	1,103	53	47	100	12	14	26	182	142	324	90	75	165
Undiagnosed psychoses	6	2	8	—	—	—	—	—	—	2	—	2	2	—	2
Without psychoses:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No associated condition	11	8	19	—	—	—	—	—	—	2	2	4	2	2	4
Epilepsy	8	16	24	1	5	6	—	1	1	4	5	9	3	4	7
Epilepsy with mental deficiency	125	105	230	75	54	129	43	34	77	30	29	59	37	29	66
Mental deficiency	62	39	101	7	6	13	1	2	3	23	10	33	6	3	9
Alcoholism	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	8	3	11	1	1	2	1	1	2	3	—	3	3	—	3
Other conditions	6	2	8	1	—	1	1	—	—	1	—	1	1	—	1
Hysteria with mental deficiency	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	7,255	7,091	14,346	334	289	623	111	103	214	1,637	1,172	2,809	624	486	1,110

TABLE 169. — *Age at Admission and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases, on September 30, 1933, by Psychoses and Sex — Continued*

PSYCHOSES	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	5	—	5	7	—	7	8	—	8	4	—	4	10	1	11	11	—	11
Senile	—	—	—	—	—	—	1	2	3	—	—	—	4	4	7	11	2	4
With cerebral arteriosclerosis	—	—	—	—	—	—	1	8	9	1	4	5	27	41	68	19	31	50
General paralysis	93	27	120	61	16	77	116	13	129	117	18	135	47	13	60	69	16	85
With cerebral syphilis	17	3	20	12	3	15	19	5	24	22	1	23	14	6	20	12	10	22
With Huntington's chorea	2	—	2	1	1	2	1	1	2	2	2	1	—	—	2	—	2	2
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
With other brain or nervous diseases	14	12	26	14	10	24	19	14	33	13	11	24	13	12	25	20	14	34
Alcoholic	129	25	154	50	6	56	194	43	237	124	17	141	179	44	223	175	49	224
Due to drugs and other exogenous toxins	2	1	3	—	1	1	3	2	5	3	2	5	2	2	4	4	2	6
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
With other somatic diseases	10	11	21	6	6	12	7	13	20	7	15	22	8	9	17	11	10	21
Manic-depressive	111	214	325	81	153	234	123	237	360	108	199	307	147	184	331	142	202	344
Involuntional melancholia	1	4	5	—	2	2	9	49	58	—	25	30	25	68	93	18	53	71
Dementia praecox	1,628	1,359	2,987	1,132	700	1,832	828	1,152	1,980	1,286	1,061	2,347	287	628	915	778	1,085	1,863
Paranoia or paranoid conditions	31	24	55	18	14	32	37	100	137	26	59	85	45	90	135	42	84	126
Epileptic psychoses	97	78	175	95	82	177	65	51	116	92	70	162	25	23	48	54	49	103
Psychoneuroses and neuroses	9	19	28	7	10	17	10	15	25	9	21	30	5	7	12	7	10	17
Psychoneurotic personality	22	20	42	15	14	29	12	8	20	13	14	27	7	10	17	11	8	10
With mental deficiency	148	159	307	134	115	249	109	118	227	148	148	296	49	62	111	108	95	203
Undiagnosed psychoses	1	1	2	1	1	2	1	1	2	1	1	1	1	—	—	1	—	1
Without psychoses:																		
No associated condition	3	—	3	1	—	1	4	1	5	5	—	5	1	2	3	1	3	4
Epilepsy	2	5	7	4	5	9	—	1	1	—	2	2	1	—	—	—	4	—
Epilepsy with mental deficiency	10	16	26	21	27	48	8	6	14	16	13	29	1	—	1	3	2	5
Mental deficiency	18	10	28	17	11	28	8	6	14	20	11	31	3	5	8	7	3	10
Alcoholism	1	1	2	1	—	1	1	—	1	1	1	2	1	—	1	1	—	1
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	2	—	2	2	—	2	1	—	1	1	—	1	—	—	1	—	1	1
Other conditions	1	1	2	1	1	2	3	1	4	3	—	—	—	—	—	—	—	—
Hysteria with mental deficiency	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,358	1,990	4,348	1,682	1,178	2,860	1,588	1,847	3,435	2,027	1,696	3,723	902	1,219	2,121	1,496	1,736	3,232

TABLE 169. — Age at Admission and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases, on September 30, 1938, by Psychoses and Sex — Concluded

PSYCHOSES	60-69 YEARS						70-79 YEARS						80 YEARS AND OVER					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	2	11	55	6	28	6	11	20	31	16	35	51	3	8	11	6	15	21
Traumatic	11	44	107	42	53	34	31	27	58	48	32	80	4	5	9	8	13	21
Smile	10	1	11	23	8	31	—	—	—	1	2	2	—	—	—	—	—	—
General paresis	3	2	5	10	1	11	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	7	2	9	8	5	13	2	2	2	3	1	4	1	—	1	2	—	2
With other brain or nervous diseases	74	12	86	178	35	213	12	3	15	73	20	93	—	—	—	4	2	6
Alcoholic	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	3	3	1	5	6	1	—	1	2	—	2	—	—	—	—	—	—
With other somatic diseases	77	93	170	107	154	261	6	22	28	51	78	129	—	—	—	3	18	21
Manic-depressive	19	15	34	28	36	64	1	2	3	4	20	24	—	2	2	—	2	2
Involutional melancholia	45	162	207	357	742	1,099	2	19	21	127	277	404	—	—	—	14	39	53
Dementia praecox	11	33	44	27	62	89	5	3	8	17	28	45	—	—	—	3	5	8
Paranoia or paranoid conditions	12	12	24	29	32	61	—	1	1	9	13	22	—	—	—	—	4	4
Epileptic psychoses	1	7	8	2	7	9	—	—	—	2	2	2	—	—	—	—	—	—
Psychoneuroses and neuroses	2	2	4	7	3	10	—	—	—	2	3	5	—	—	—	—	—	—
With psychopathic personality	16	14	30	50	72	122	4	—	4	15	20	35	—	—	—	4	3	7
With mental deficiency	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No associated condition	1	2	3	2	2	4	—	1	1	—	1	1	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy with mental deficiency	1	—	1	1	4	4	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	2	2	4	6	9	15	1	—	1	3	—	3	—	—	—	2	—	2
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	1	1	2	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	352	459	811	896	1,257	2,153	76	100	176	373	533	906	8	15	23	46	102	148

TABLE 170. — *Present Age of All First Admissions in Residence in State Hospitals on September 30, 1933, by Hospitals and Sex*

HOSPITALS	TOTAL			UNDER 19 YEARS			20-29 YEARS			30-39 YEARS		
	M.		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	231	378	609	1	1	2	12	8	20	12	19	31
Boston Psychopathic	37	29	66	2	2	4	7	8	15	9	5	14
Danvers	572	631	1,203	8	6	14	70	37	107	101	110	211
Foxborough	139	162	301	1	4	5	16	12	28	18	29	47
Gardner	97	93	190	2	1	3	13	7	20	11	18	29
Grafton	27	15	42	—	—	—	2	3	5	6	4	10
Medfield	75	58	133	—	1	1	6	4	10	5	7	12
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	594	691	1,285	9	11	20	85	67	152	100	113	213
Taunton	507	499	1,006	7	3	10	42	39	81	58	59	117
Westborough	239	318	557	2	4	6	17	16	33	26	32	58
Worcester	553	530	1,083	6	6	15	48	32	80	75	73	148
Monson	410	398	808	178	120	298	85	75	160	52	63	115
McLean	35	51	86	—	—	—	3	4	7	4	7	11
Bridgewater	652	—	652	1	—	1	41	—	—	118	—	118
Tewksbury	65	141	206	—	—	—	1	8	9	3	18	21
Veterans Administration Facility No. 107	75	—	75	—	—	—	—	—	—	41	—	41
Veterans Administration Facility No. 95	56	—	56	—	—	—	1	—	1	35	—	35
Total	4,364	3,994	8,358	220	159	379	449	320	769	674	557	1,231

HOSPITALS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	52	69	121	66	113	179	45	85	130	6	33	39
Boston Psychopathic	10	4	9	4	—	4	—	—	—	—	—	—
Danvers	126	129	248	94	109	203	48	68	116	6	24	30
Foxborough	29	34	62	22	26	48	14	24	38	5	9	14
Gardner	20	25	46	7	11	18	16	7	23	3	8	11
Grafton	4	8	12	3	3	6	4	1	5	—	2	2
Medfield	13	19	28	17	7	24	10	5	15	5	4	9
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	128	143	271	92	123	215	39	63	102	13	34	47
Taunton	107	105	209	101	96	197	63	75	138	24	25	49
Westborough	33	57	90	52	66	118	47	57	104	5	18	23
Worcester	123	124	227	92	103	195	65	62	127	17	19	36
Monson	34	37	71	18	20	38	6	6	12	1	1	1
McLean	4	9	13	7	14	21	4	8	12	4	1	5
Bridgewater	158	—	158	111	—	111	34	—	34	3	—	3
Tewksbury	11	48	59	15	26	41	9	12	21	1	4	5
Veterans Administration Facility No. 107	30	2	32	2	—	2	—	—	—	—	—	—
Veterans Administration Facility No. 95	16	—	16	—	—	—	—	—	—	—	—	—
Total	883	807	1,690	703	717	1,420	404	473	877	92	182	274

TABLE 171. — *Present Age of All Readmissions in Residence in State Hospitals on September 30, 1933, by Hospital and Sex*

HOSPITALS	TOTAL			UNDER 19 YEARS			20-29 YEARS			30-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State.	649	923	1,572	14	9	23	93	71	164	141	176	317
Boston Psychopathic.	6	8	14	1	1	2	1	1	3	—	3	3
Danvers.	426	505	931	11	10	21	66	46	112	76	92	168
Foxborough.	363	493	856	1	8	9	45	52	97	82	119	201
Gardner.	679	435	1,114	2	2	4	21	15	36	93	51	144
Grafton.	623	735	1,358	4	3	7	27	21	48	73	79	152
Medfield.	684	969	1,653	4	3	7	42	38	80	87	132	219
Metropolitan.	599	622	1,221	4	4	—	51	35	86	142	100	242
Northampton.	221	302	523	5	2	7	19	19	38	36	48	84
Taunton.	248	253	501	3	1	4	23	17	40	37	49	86
Westborough.	389	558	947	6	6	12	58	57	105	61	90	151
Worcester.	528	570	1,098	7	9	16	68	42	110	95	110	205
Monson.	288	316	604	49	48	97	66	68	134	73	94	167
McLean.	36	55	91	—	—	—	1	5	6	5	6	11
Bridgewater.	286	—	286	—	—	—	31	—	31	55	—	55
Tewksbury.	52	347	399	—	—	—	3	8	11	5	29	34
Veterans Administration Facility No. 107.	683	—	683	—	—	—	4	4	4	343	—	343
Veterans Administration Facility No. 95.	495	—	495	—	—	—	5	—	5	278	—	278
Total.	7,255	7,091	14,346	111	103	214	624	486	1,110	1,682	1,178	2,860

HOSPITAL	40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State.	141	220	361	139	238	377	91	143	234	29	56	85	1	10	11
Boston Psychopathic.	2	—	2	2	1	3	—	—	—	—	—	—	—	—	—
Danvers.	96	120	216	98	117	215	54	78	132	23	34	57	2	8	10
Foxborough.	91	112	203	79	107	186	41	62	103	20	29	49	4	4	8
Gardner.	219	136	355	205	141	346	108	71	179	27	17	44	4	2	6
Grafton.	182	154	336	160	179	339	124	185	309	51	99	150	2	15	17
Medfield.	148	206	354	187	218	405	133	240	373	71	117	188	12	15	27
Metropolitan.	179	204	383	169	199	368	50	80	130	4	4	8	—	—	—
Northampton.	55	85	140	46	75	121	38	54	92	20	13	33	2	6	8
Taunton.	57	70	127	68	48	116	35	37	72	21	23	44	4	4	12
Westborough.	82	119	201	94	142	236	60	99	159	23	46	69	5	9	14
Worcester.	124	134	258	110	132	242	70	88	158	48	39	87	6	16	22
Monson.	55	54	109	55	30	85	17	16	33	3	4	7	—	2	2
McLean.	6	12	18	5	11	16	10	11	21	8	9	17	1	1	2
Bridgewater.	76	—	76	55	—	55	45	—	45	22	22	22	2	2	2
Tewksbury.	15	70	85	13	98	111	12	93	105	3	43	46	1	6	7
Veterans Administration Facility No. 107.	310	—	310	19	—	19	7	—	7	—	—	—	—	—	—
Veterans Administration Facility No. 95.	189	—	189	22	—	22	1	—	1	—	—	—	—	—	—
Total.	2,027	1,696	3,723	1,496	1,736	3,232	896	1,257	2,153	373	533	906	46	102	148

TABLE 172. — Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1933, by Psychoses and Sex

PSYCHOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic.	52	6	58	4	—	4	1	—	1	6	—	6	8	1	9	5	—	5	6	—	6
Senile	196	399	595	10	33	43	17	28	45	22	38	60	39	53	92	24	58	82	23	31	54
With cerebral arterio-sclerosis	493	497	990	69	76	145	66	44	110	59	67	126	79	84	163	82	68	150	38	38	76
General paralysis	500	138	647	49	15	64	36	9	45	52	13	65	80	19	99	59	8	67	52	15	67
With cerebral syphilis	89	35	124	6	5	11	6	—	6	10	1	11	13	4	17	11	—	11	11	4	15
With Huntington's chorea	12	10	22	1	—	1	1	1	2	1	1	2	—	3	3	—	1	1	2	2	4
With brain tumor	3	2	5	1	—	1	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—
With other brain or nervous diseases	152	109	261	14	8	22	10	4	14	13	21	34	13	16	29	22	10	32	14	11	25
Alcoholic	1,111	199	1,310	45	13	58	35	4	39	56	3	59	118	16	134	129	19	148	71	9	80
Due to drugs and other exogenous toxins	9	11	20	2	2	4	2	—	2	1	—	1	—	—	—	1	3	4	—	1	1
With pellagra	2	—	7	—	1	1	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—
With other somatic diseases	56	93	149	7	13	20	4	9	13	3	9	12	7	12	19	8	8	16	5	8	13
Manic-depressive	728	1,197	1,925	64	111	175	40	51	91	57	79	136	113	147	260	95	136	231	63	75	138
Involutional melancholia	140	303	443	9	19	28	4	13	17	15	14	29	22	38	60	32	32	64	15	29	44
Dementia praecox	5,767	5,756	11,523	143	149	292	141	130	271	191	177	368	424	391	815	703	680	1,383	344	273	617
Paranoia or paranoid conditions	207	379	586	9	17	26	4	16	20	16	16	32	32	36	68	36	48	84	11	27	38
Epileptic psychoses	528	528	1,056	15	8	23	15	7	22	27	11	38	34	29	63	30	30	60	29	27	56
Psychoneuroses and neuroses	54	89	143	13	11	24	3	8	11	8	10	18	6	14	20	5	8	13	4	5	9
With psychopathic personality	95	83	178	5	6	11	4	5	9	6	6	12	5	6	11	9	8	17	7	7	14
With mental deficiency	856	810	1,666	24	21	45	14	15	29	24	29	53	73	73	146	138	126	264	59	56	115
Undiagnosed psychoses	15	8	23	8	6	14	2	—	2	2	1	3	—	—	—	—	1	1	1	—	1
Without psychoses	545	428	973	51	25	76	16	12	28	34	26	60	57	52	109	62	40	102	52	43	95
Total	11,619	11,085	22,704	549	539	1,088	422	356	778	603	522	1,125	1,124	994	2,118	1,452	1,285	2,737	807	661	1,468

TABLE 172. — *Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1933, by Psychoses and Sex — Concluded*

PSYCHOSES	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	6	4	10	8	—	8	3	1	4	1	—	1	1	—	1	—	—	—
Senile	10	34	44	36	80	116	12	30	42	1	8	9	2	6	8	—	—	—	—	—	—
With cerebral arteriosclerosis	17	27	44	65	72	137	15	14	29	3	4	7	—	3	3	—	—	—	—	—	—
General paralysis	43	10	53	106	27	133	20	10	30	8	7	15	4	4	8	—	1	1	—	—	—
With cerebral syphilis	2	2	4	25	9	34	4	4	8	1	4	5	—	2	2	—	—	—	—	—	—
With Huntington's chorea	4	—	4	2	2	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	11	7	18	43	19	62	8	6	14	3	4	7	1	2	3	—	1	1	—	—	—
Alcoholic	65	12	77	200	33	233	110	25	135	109	31	140	146	34	180	22	—	22	5	—	5
Due to drugs and other exogenous toxins	—	1	1	2	1	3	—	—	—	1	1	2	—	2	2	—	—	—	—	—	—
With pellagra	—	—	—	1	1	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	4	5	9	11	23	34	3	3	6	2	3	5	1	—	—	1	—	1	—	—	—
Manic-depressive	42	70	112	128	250	378	62	110	172	25	73	98	28	78	106	9	13	22	2	4	6
Involutional melancholia	13	19	32	15	66	81	10	38	48	3	15	18	2	20	22	—	—	—	—	—	—
Dementia praecox	240	245	485	1,180	1,174	2,354	794	893	1,687	575	718	1,293	762	690	1,452	241	210	451	29	26	55
Paranoia or paranoid conditions	7	24	31	40	84	124	26	57	83	9	20	29	13	28	41	3	6	9	1	—	—
Epileptic psychoses	37	25	62	132	141	273	103	86	189	49	88	137	49	66	115	8	10	18	—	—	—
Psychoneuroses and neuroses	3	4	7	11	23	34	1	2	3	—	3	3	—	1	—	—	—	—	—	—	—
With psychopathic personality	2	4	6	27	25	52	22	11	33	1	2	3	—	3	—	—	—	—	—	—	—
With mental deficiency	34	48	82	172	162	334	118	108	226	87	88	175	80	66	146	27	16	43	6	2	8
Undiagnosed psychoses	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	23	24	47	125	89	214	51	50	101	30	28	58	35	34	69	9	4	13	—	1	1
Total	560	562	1,122	2,328	2,285	4,613	1,369	1,450	2,819	910	1,098	2,008	1,130	1,039	2,169	322	261	583	43	33	76

TABLE 175. — *City or Town and County of Residence of All Cases in Residence in State Hospitals for Mental Diseases, 1933, by Sex*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>				Gosnold	1	—	1
Barnstable	17	13	30	Oak Bluffs	5	6	11
Bourne	5	8	13	Tisbury	1	1	2
Brewster	2	—	2	Total	11	9	20
Chatham	8	5	13	<i>Essex</i>			
Dennis	3	7	10	Amesbury	26	20	46
Eastham	1	1	2	Andover	20	28	48
Falmouth	8	9	17	Beverly	41	49	90
Harwich	4	9	13	Boxford	4	—	4
Mashpee	2	—	2	Danvers	29	24	53
Orleans	5	1	6	Essex	4	6	10
Provincetown	5	7	12	Georgetown	10	9	19
Sandwich	2	3	5	Gloucester	67	56	123
Truro	1	2	3	Groveland	5	5	10
Wellfleet	1	3	4	Hamilton	2	4	6
Yarmouth	3	4	7	Haverhill	124	103	227
Total	67	72	139	Ipswich	8	10	18
<i>Berkshire</i>				Lawrence	264	231	495
Adams	32	36	68	Lynn	290	242	532
Becket	—	1	1	Lynnfield	1	1	2
Cheshire	8	1	9	Manchester	2	4	6
Clarksburg	1	3	4	Marblehead	14	18	32
Dalton	10	12	22	Merrimac	6	5	11
Egremont	1	3	4	Methuen	23	31	54
Florida	1	1	2	Middleton	3	3	6
Great Barrington	7	15	22	Nahant	2	5	7
Hancock	1	1	2	Newbury	3	5	8
Hinsdale	3	—	3	Newburyport	31	29	60
Lancaster	2	2	4	North Andover	7	11	18
Lee	17	7	24	Peabody	69	37	106
Lenox	10	10	20	Rockport	9	17	26
Monterey	2	—	2	Rowley	5	1	6
Mount Washington	—	1	1	Salem	134	108	242
New Ashford	—	1	1	Salisbury	3	2	5
New Marlborough	2	4	6	Saugus	30	26	56
North Adams	71	70	141	Swampscott	9	7	16
Otis	1	2	3	Topsfield	1	3	4
Peru	—	1	1	Wenham	2	2	4
Pittsfield	121	93	214	West Newbury	2	4	6
Richmond	1	2	3	Total	1,250	1,106	2,356
Sandisfield	3	2	5	<i>Franklin</i>			
Savoy	1	2	3	Ashfield	1	2	3
Sheffield	6	6	12	Barnardston	2	1	3
Stockbridge	4	7	11	Buckland	8	2	10
Tyringham	—	1	1	Charlemont	5	4	9
Washington	1	—	1	Colrain	2	—	2
West Stockbridge	5	2	7	Conway	4	1	5
Williamstown	6	15	21	Deerfield	13	6	19
Windsor	2	1	3	Ewing	—	1	1
Total	319	302	621	Gill	1	2	3
<i>Bristol</i>				Greenfield	37	20	57
Acushnet	6	4	10	Hawley	—	2	2
Attleboro	70	59	129	Heath	2	1	3
Berkley	1	1	2	Leverett	1	—	1
Dartmouth	13	10	23	Leydon	3	2	5
Dighton	4	5	9	Montague	21	19	40
Easton	8	12	20	New Salem	1	—	1
Fairhaven	17	17	34	Northfield	5	8	13
Fall River	275	311	586	Orange	15	17	32
Freetown	3	2	5	Rowe	2	—	2
Mansfield	12	23	35	Shelburne	8	12	20
New Bedford	257	254	511	Sunderland	2	1	3
North Attleborough	25	22	47	Wendell	3	—	3
Norton	7	5	12	Whately	1	2	3
Raynham	4	2	6	Total	137	103	240
Rehoboth	6	2	8	<i>Hampden</i>			
Seekonk	9	8	17	Agawam	10	9	19
Somerset	3	10	13	Blandford	1	2	3
Swansea	9	3	12	Brimfield	3	1	4
Taunton	92	92	184	Chester	4	7	11
Westport	5	5	10	Chicopee	106	87	193
Total	826	847	1,673	East Longmeadow	5	2	7
<i>Dukes</i>				Granville	5	—	5
Edgartown	3	2	5	Hampden	3	3	6
Gay Head	1	—	1				

TABLE 175. — *City or Town and County of Residence of All Cases in Residence in State Hospitals for Mental Diseases, 1933, by Sex — Continued*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Holyoke	191	183	374	Reading	15	10	25
Longmeadow	3	8	11	Sherborn	—	6	6
Ludlow	12	13	25	Shirley	5	2	7
Monson	10	14	24	Somerville	197	228	425
Montgomery	1	—	1	Stoneham	11	15	26
Palmer	31	22	53	Stow	—	1	1
Russell	1	2	3	Sudbury	3	—	3
Southwick	2	5	7	Tewksbury	13	19	32
Springfield	424	454	878	Townsend	8	2	10
Wales	—	3	3	Tyngsborough	2	2	4
Westfield	59	58	117	Wakefield	18	25	43
West Springfield	20	24	44	Waltham	87	132	219
Wilbraham	5	5	10	Watertown	44	48	92
Total.	896	902	1,798	Wayland	3	4	7
<i>Hampshire</i>				Westford	4	6	10
Amherst	16	27	43	Weston	3	4	7
Belchertown	10	7	17	Wilmington	4	8	12
Chesterfield	3	—	3	Winchester	16	23	39
Cummington	3	2	5	Woburn	49	40	89
Easthampton	34	39	73	Total.	1,928	2,125	4,053
Enfield	2	—	2	<i>Nantucket</i>			
Goshen	1	1	2	Nantucket	6	6	12
Granby	3	1	4	Total.	6	6	12
Greenwich	2	—	2	<i>Norfolk</i>			
Hadley	15	7	22	Avon	6	10	16
Hatfield	7	7	14	Bellingham	7	1	8
Huntington	1	5	6	Braintree	17	38	55
Middlefield	1	—	1	Brookline	71	102	173
Northampton	75	72	147	Canton	19	18	37
Pelham	1	2	3	Cohasset	6	6	12
Plainfield	1	—	1	Dedham	33	32	65
Prescott	—	1	1	Dover	2	—	2
Southampton	1	6	7	Foxborough	26	8	34
South Hadley	21	16	37	Franklin	17	19	36
Ware	28	21	49	Holbrook	3	8	11
Westhampton	1	—	1	Medfield	1	7	8
Williamsburg	4	6	10	Medway	15	7	22
Worthington	1	—	1	Millis	5	—	5
Total.	231	220	451	Milton	21	27	48
<i>Middlesex</i>				Needham	25	22	47
Action	4	10	14	Norfolk	2	7	9
Arlington	60	76	136	Norwood	23	25	48
Ashby	2	2	4	Plainville	4	1	5
Ashland	5	7	12	Quincy	114	129	243
Ayer	4	10	14	Randolph	23	12	35
Bedford	2	5	7	Sharon	5	3	8
Belmont	36	50	86	Stoughton	19	24	43
Billerica	8	8	16	Walpole	19	14	33
Boxborough	1	—	1	Wellesley	14	16	30
Burlington	1	2	3	Westwood	2	3	5
Cambridge	391	342	733	Weymouth	38	39	77
Carlisle	2	—	2	Wrentham	12	18	30
Chelmsford	19	11	30	Total.	549	596	1,145
Concord	11	14	25	<i>Plymouth</i>			
Dracut	15	17	32	Abington	10	10	20
Dunstable	1	—	1	Bridgewater	47	28	75
Everett	87	79	166	Brockton	214	157	371
Framingham	44	58	102	Carver	8	3	11
Groton	4	7	11	Duxbury	4	7	11
Holliston	5	11	16	East Bridgewater	6	5	11
Hopkinton	5	9	14	Halifax	1	4	5
Hudson	16	16	32	Hanover	9	9	18
Lexington	19	8	27	Hanson	3	4	7
Lincoln	3	1	4	Hingham	12	12	24
Littleton	5	5	10	Hull	5	5	10
Lowell	287	305	592	Kingston	2	1	3
Malden	123	147	270	Lakeville	2	—	2
Marlborough	41	41	82	Marion	3	3	6
Maynard	27	10	37	Marshfield	5	3	8
Medford	75	97	172	Mattapoisett	6	3	9
Melrose	28	43	71	Middleborough	17	18	35
Natick	19	30	49	Norwell	2	4	6
Newton	88	120	208	Pembroke	5	2	7
North Reading	3	4	7				
Pepperell	5	5	10				

TABLE 175. — *City or Town and County of Residence of All Cases in Residence in State Hospitals for Mental Diseases, 1933, by Sex — Concluded*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Plymouth . . .	38	34	72	Leominster . . .	41	36	77
Plympton . . .	1	2	3	Lunenburg . . .	3	1	4
Rochester . . .	3	3	6	Mendon . . .	—	2	2
Rockland . . .	23	27	50	Millford . . .	39	30	69
Scituate . . .	5	7	12	Millbury . . .	15	7	22
Wareham . . .	13	9	22	Milville . . .	7	4	11
West Bridgewater . . .	5	1	6	New Braintree . . .	—	2	2
Whitman . . .	17	17	34	Northborough . . .	7	7	14
Total . . .	466	378	844	Northbridge . . .	23	11	34
<i>Suffolk</i>				North Brookfield . . .	8	6	14
Boston . . .	2,733	3,059	5,792	Oakham . . .	3	—	3
Chelsea . . .	113	95	208	Oxford . . .	6	6	12
Revere . . .	60	51	111	Paxton . . .	4	1	5
Winthrop . . .	25	33	58	Petersham . . .	1	2	3
Total . . .	2,931	3,238	6,169	Phillipston . . .	1	—	1
<i>Worcester</i>				Royalston . . .	2	3	5
Ashburnham . . .	5	8	13	Rutland . . .	4	2	6
Athol . . .	21	21	42	Shrewsbury . . .	10	9	19
Auburn . . .	3	9	12	Southborough . . .	8	3	11
Barre . . .	8	4	12	Southbridge . . .	35	28	63
Berlin . . .	2	3	5	Spencer . . .	16	12	28
Blackstone . . .	16	7	23	Sterling . . .	—	4	4
Bolton . . .	5	5	10	Sturbridge . . .	3	1	4
Bolyston . . .	1	4	5	Sutton . . .	4	5	9
Brookfield . . .	7	5	12	Templeton . . .	22	19	41
Charlton . . .	13	7	20	Upton . . .	2	7	9
Clinton . . .	28	36	64	Uxbridge . . .	16	9	25
Dana . . .	3	4	7	Warren . . .	5	7	12
Douglas . . .	8	2	10	Webster . . .	36	23	59
Dudley . . .	7	8	15	Westborough . . .	17	14	31
East Brookfield . . .	4	1	5	West Boylston . . .	1	2	3
Fitchburg . . .	122	101	223	West Brookfield . . .	1	2	3
Gardner . . .	49	47	96	Westminster . . .	4	6	10
Grafton . . .	8	8	16	Winchendon . . .	16	11	27
Hardwick . . .	10	5	15	Worcester . . .	560	492	1,052
Harvard . . .	4	2	6	Total . . .	1,267	1,086	2,353
Holden . . .	7	2	9	Non-residents . . .	539	86	625
Hopedale . . .	4	6	10	Unknown . . .	196	9	205
Hubbardston . . .	3	1	4	Total . . .	735	95	830
Lancaster . . .	3	6	9	Grand Total . . .	11,619	11,085	22,704
Leicester . . .	6	10	16				

TABLE 176. — *General Statistics of State Schools for Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1933*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1932.	2,368	2,589	4,957	548	777	1,325	1,096	709	1,805	724	1,103	1,827
<i>Cases admitted during Year</i>												
Regular Commitment Cases:												
First Admissions	88	116	204	18	21	39	31	56	87	39	39	78
Readmissions	8	3	11	2	1	3	4	1	5	2	1	3
Total Admissions	96	119	215	20	22	42	35	57	92	41	40	81
Voluntary Admission Cases:												
First Admissions	150	90	240	21	12	33	33	43	76	96	35	131
Readmissions	9	9	18	1	—	1	3	8	11	5	1	6
Total Admissions	159	99	258	22	12	34	36	51	87	101	36	137
Observation Admission Cases:												
First Admissions	3	—	3	—	—	—	3	—	3	—	—	—
Readmissions	2	—	2	—	—	—	1	—	1	1	—	1
Total Admissions	5	—	5	—	—	—	4	—	4	1	—	1
Total cases admitted by transfer	6	8	14	—	3	3	3	3	6	3	2	5
Total cases admitted	266	226	492	42	37	79	78	111	189	146	78	224
Total cases under treatment	2,634	2,815	5,449	590	814	1,404	1,174	820	1,994	870	1,181	2,051
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	35	36	71	14	10	24	19	14	33	—	12	14
As unimproved (excluding transfers)	20	19	39	6	4	10	7	6	13	7	9	16
As not mentally defective	—	—	1	—	—	—	—	1	1	—	—	—
Died	10	9	19	—	2	2	8	2	10	2	5	7
Total Discharges	65	65	130	20	16	36	34	23	57	11	26	37

TABLE 176. — *General Statistics of State Schools for Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1933 — Concluded*

	ALL STATE HOSPITALS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Voluntary Admission Cases:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	15	12	27	3	5	8	11	1	12	1	6	7
As unimproved (excluding transfers)	14	11	25	1	2	3	6	5	11	7	4	11
As not mentally defective	—	—	—	—	—	—	—	—	—	—	—	—
Died	23	23	46	4	5	9	6	4	10	13	14	27
Total Discharges	52	46	98	8	12	20	23	10	33	21	24	45
Observation Cases:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	1	—	1	—	—	—	1	—	1	—	—	—
As unimproved (excluding transfers)	3	—	3	—	—	—	2	—	2	1	—	1
As not mentally defective	1	—	1	—	—	—	1	—	1	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	5	—	5	—	—	—	4	—	4	1	—	1
Total cases discharged by transfer	6	8	14	—	3	3	3	3	6	3	2	5
Total cases discharged	128	119	247	28	31	59	64	36	100	36	52	88
Patients on books September 30, 1933.	2,506	2,696	5,202	562	783	1,345	1,110	784	1,894	834	1,129	1,963
Total number of patients actually in schools, September 30, 1933	2,316	2,455	4,771	525	728	1,253	1,044	726	1,770	747	1,001	1,748
<i>Averages</i>												
Daily average population (including patients on escape, visit, or parole)	2,425.70	2,660.69	5,086.39	552.43	783.23	1,335.66	1,105.	764.	1,869.	768.27	1,113.46	1,881.73
Daily average population (excluding patients on escape, visit or parole)	2,227.60	2,407.85	4,635.45	506.64	725.40	1,232.04	1,033.	706.	1,739.	687.96	976.45	1,664.41
Rated capacity of schools, September 30, 1933	1,905	1,988	3,893	453	680	1,133	815	617	1,432	637	691	1,328
Number of patients on visit, September 30, 1932	46	45	91	3	11	14	29	17	46	14	17	31
Number of patients on visit, September 30, 1933.	67	43	110	10	12	22	31	16	47	26	15	41
Daily average number of patients on visit during year	80.65	65.33	145.98	12.39	18.24	30.63	42.	20.	62.	26.26	27.09	53.35

Number of patients on parole, September 30, 1932	55	150	205	12	33	45	18	36	54	25	81	106
Number of patients on parole, September 30, 1933	67	166	233	14	40	54	22	41	63	31	85	116
Daily average number of patients on parole during year	59.09	155.28	214.37	12.55	36.54	49.09	21.	36.	57.	25.54	82.74	108.28
Number of patients on escape, September 30, 1932	62	33	95	28	3	31	8	3	11	26	27	53
Number of patients on escape, September 30, 1933	56	32	88	13	3	16	13	1	14	30	28	58
Daily average number of patients on escape during year	58.34	32.21	90.55	20.85	3.05	23.90	9.	2.	11.	28.49	27.16	55.65
Support of patient population (exclusive of patients on escape, parole or visit):												
Supported by the State	2,214	2,365	4,579	510	709	1,219	997	680	1,677	707	976	1,683
Reimbursing and Private	102	90	192	15	19	34	47	46	93	40	25	65
Number of patients not mentally defective (I. Q. .75 and over) actually in schools September 30, 1932:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	71	89	160	27	52	79	20	9	29	24	28	52
Total	71	89	160	27	52	79	20	9	29	24	28	52
Number of patients not mentally defective (I. Q. .75 and over) actually in schools September 30, 1933:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	91	86	177	28	49	77	30	12	42	33	25	58
Total	91	86	177	28	49	77	30	12	42	33	25	58

TABLE 177. — *Ages of All First Admissions to State Schools, 1933, by Nativity, Parentage and Sex*¹

AGE GROUPS	AGGREGATE			TOTAL						PARENTAGE						NATIVE BORN			FOREIGN BORN		
										NATIVE		FOREIGN		MIXED		UNKNOWN					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	23	15	38	23	15	38	15	7	22	4	3	7	4	5	9	—	—	—	—	—	—
5-9 years	106	43	149	106	42	148	42	15	57	26	9	35	38	18	56	—	—	—	—	1	1
10-14 years	80	60	140	79	59	138	28	18	46	30	26	56	20	15	35	1	—	1	1	1	2
15-19 years	23	56	79	23	54	77	10	23	33	8	19	27	5	10	15	—	2	2	2	2	2
20-24 years	8	17	25	8	14	22	2	4	6	4	8	12	2	2	4	—	—	—	—	3	3
25-29 years	1	8	9	1	8	9	1	2	3	—	4	4	—	1	1	—	1	1	—	—	—
30-34 years	—	1	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years	—	2	2	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
40-44 years	—	2	2	—	2	2	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
45-49 years	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
50 years and over	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Total	241	206	447	240	199	439	98	73	171	72	69	141	69	54	123	1	3	4	1	7	8
Average Age	10.3	14.4	12.2	10.3	14.4	12.1	9.8	14.5	14.3	11.3	14.8	13.0	9.8	13.5	11.4	12.5	20.8	18.7	12.5	17.5	16.8

¹Unless otherwise stated, this and the following tables include all mental classifications: Idiot, I. Q. under 24; Imbecile, I. Q., .25-.49; Moron, I. Q., .50-.74; Not Mentally Defective, I. Q. .75 or over.

TABLE 178. — *Environment of All First Admissions to State Schools, 1933, by Mental Status and Sex*

MENTAL STATUS	TOTAL — ALL SCHOOLS								
	TOTAL			URBAN			RURAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	47	30	77	44	30	74	3	—	3
Imbecile	81	61	142	77	60	137	4	1	5
Moron	96	108	204	93	96	189	3	12	15
Not Mentally Defective	17	7	24	16	7	23	1	—	1
Total	241	206	447	230	193	423	11	13	24

TABLE 179. — *Economic Condition of All First Admissions to State Schools, 1933, by Mental Status*

ECONOMIC CONDITION	MENTAL STATUS — ALL SCHOOLS														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	79	57	136	9	7	16	29	12	41	35	36	71	6	2	8
Marginal	154	144	298	36	22	58	48	46	94	60	72	132	10	4	14
Comfortable	8	5	13	2	1	3	4	3	7	1	—	1	1	1	2
Total	241	206	447	47	30	77	81	61	142	96	108	204	17	7	24

TABLE 180. — *Ages of All Readmissions to State Schools, 1933, by Mental Status and Sex*

AGE GROUPS	TOTAL — ALL SCHOOLS														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	3	—	3	1	—	1	1	—	1	1	—	1	—	—	—
10-14 years	4	3	7	—	1	1	4	2	6	—	—	—	—	—	—
15-19 years	8	—	8	—	—	—	2	—	2	6	—	6	—	—	—
20-24 years	3	2	5	1	—	1	1	1	2	1	1	2	—	—	—
25-29 years	1	2	3	—	—	—	1	1	2	—	1	1	—	—	—
30-34 years	—	3	3	—	1	1	—	1	1	—	1	1	—	—	—
35-39 years	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
40-44 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 years and over	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Total	19	12	31	2	2	4	9	7	16	8	3	11	—	—	—

TABLE 181. — *Total Number of Times Out on Visit during THIS Admission of All Patients Discharged from State Schools, 1933, by School and Sex*

STATE SCHOOL	NUMBER OF TIMES OUT ON VISIT																	
	TOTAL DISCHARGED			NONE			ONE			TWO			THREE			FOUR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	24	21	45	1	10	11	6	2	8	4	3	7	2	3	5	6	—	6
Walter E. Fernald . .	47	27	74	12	8	20	5	5	10	4	—	4	4	1	5	5	2	7
Wrentham . . .	18	31	49	3	2	5	1	13	14	2	7	9	2	3	5	3	2	5
Total . . .	89	79	168	16	20	36	12	20	32	10	10	20	8	7	15	14	4	18

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT																				
	FIVE			SIX			SEVEN			EIGHT			NINE			TEN			ELEVEN PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	3	1	4	2	—	2	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Walter E. Fernald . .	2	3	5	8	1	9	2	2	4	3	3	6	2	—	2	—	—	—	—	2	2
Wrentham . . .	3	—	3	3	1	4	—	1	1	—	—	—	—	1	1	1	—	1	—	1	1
Total . . .	8	4	12	13	2	15	2	4	6	3	3	6	2	2	4	1	—	1	—	3	3

TABLE 182. — *Causes of Death of All Patients who Died in State Schools, 1933, by Mental Status and Sex*

CAUSES OF DEATH	TOTAL — ALL SCHOOLS											
	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>All Causes</i>												
<i>Epidemic, Endemic and Infectious Diseases:</i>												
Scarlet fever . . .	3	1	4	2	—	2	1	1	2	—	—	—
Influenza . . .	3	2	5	1	1	2	2	1	3	—	—	—
Erysipelas . . .	1	1	2	1	1	2	—	—	—	—	—	—
Tuberculosis of the respiratory system . . .	11	9	20	9	2	11	2	5	7	—	2	2
Other forms of tuberculosis . . .	—	4	4	—	3	3	—	1	1	—	—	—
<i>General Diseases not Included in Class I:</i>												
Cancer and other malignant tumors . . .	—	2	2	—	2	2	—	—	—	—	—	—
<i>Diseases of Nervous System and other Organs of Special Sense:</i>												
Diseases of spinal cord . . .	—	3	3	—	2	2	—	1	1	—	—	—
Cerebral hemorrhage, apoplexy . . .	—	1	1	—	1	1	—	—	—	—	—	—
General paralysis of the insane . . .	2	—	2	1	—	1	1	—	1	—	—	—
Epilepsy . . .	1	3	4	1	3	4	—	—	—	—	—	—
Other diseases of the nervous system . . .	1	—	1	—	—	—	—	—	—	1	—	1
Diseases of the eye, ear and their annexa . . .	1	—	1	—	—	—	—	—	—	1	—	1
<i>Diseases of the Circulatory System:</i>												
Endocarditis and myocarditis . . .	2	2	4	—	—	—	—	2	2	2	—	2
<i>Diseases of the Respiratory System:</i>												
Bronchitis . . .	1	—	1	—	—	—	1	—	1	—	—	—
Bronchopneumonia . . .	3	2	5	1	—	1	2	2	4	—	—	—
Lobar pneumonia . . .	1	2	3	1	—	1	—	1	1	—	1	1
Other diseases of the respiratory system (tuberculosis excepted) . . .	1	—	1	—	—	—	1	—	1	—	—	—
<i>Diseases of the Digestive System:</i>												
Hernia and intestinal obstruction . . .	1	—	1	1	—	1	—	—	—	—	—	—
<i>Diseases of the Bones and of the Organs of Locomotion:</i>												
Malformations . . .	1	—	1	1	—	1	—	—	—	—	—	—
Total — All Causes . . .	33	32	65	19	15	34	10	14	24	4	3	7

TABLE 184. — *Mental Status of All Cases in Residence in State Schools for the Mentally Defective on September 30, 1933, by School and Sex*

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.		
Idiot	510	398	908	102	96	198	226	155	381	182	147	329
Imbecile	867	856	1,723	180	188	368	414	285	699	273	383	656
Moron	848	1,113	1,961	216	394	610	373	274	647	259	445	704
Not Mentally Defective	91	88	179	27	50	77	31	12	43	33	26	59
Total	2,316	2,455	4,771	525	728	1,253	1,044	726	1,770	747	1,004	1,748

TABLE 185. — *Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1933, by School and Sex*

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	130	87	217	23	19	42	12	9	21	4	4	8
5-9 years	856	485	1,341	254	145	399	137	83	220	44	25	69
10-14 years	773	675	1,448	471	283	754	150	175	325	101	87	188
15-19 years	345	583	928	471	481	952	109	211	320	127	172	299
20-24 years	105	286	391	397	424	821	59	94	153	91	136	227
25-29 years	46	143	189	243	362	605	25	63	88	55	109	164
30-34 years	19	90	109	159	240	399	11	35	46	51	69	120
35-39 years	21	57	78	103	198	301	9	27	36	23	57	80
40-44 years	10	27	37	76	128	204	5	17	22	10	28	38
45-49 years	6	11	17	48	90	138	5	7	12	3	24	27
50-54 years	3	8	11	39	38	77	1	5	6	9	4	13
55-59 years	2	2	4	22	28	50	2	2	4	4	8	12
60-64 years	—	1	1	9	11	20	—	—	—	2	3	5
65-69 years	—	—	—	1	5	6	—	—	—	1	2	3
70 years and over	—	—	—	—	3	3	—	—	—	—	—	—
Total	2,316	2,455	4,771	2,316	2,455	4,771	525	728	1,253	525	728	1,253
Average Age	12.34	16.40	14.43	21.68	25.39	23.59	15.58	19.13	17.67	21.65	24.79	23.47

TABLE 185. — Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1933, by School and Sex — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	32	21	53	—	2	2	86	57	143	19	13	32
5-9 years	388	164	552	52	31	83	331	238	569	158	89	247
10-14 years	413	202	615	211	83	294	210	298	508	159	113	272
15-19 years	147	156	303	217	128	345	89	216	305	127	181	308
20-24 years	30	88	118	178	116	294	16	104	120	128	172	300
25-29 years	13	41	54	106	90	196	18	39	47	82	163	245
30-34 years	17	32	39	66	59	125	1	23	24	42	112	134
35-39 years	9	13	22	66	64	130	3	17	20	14	77	91
40-44 years	2	6	8	56	56	112	3	4	7	10	44	54
45-49 years	1	2	3	40	41	81	—	2	2	5	25	30
50-54 years	2	1	3	27	28	55	—	2	2	3	6	9
55-59 years	—	—	—	18	16	34	—	—	—	—	—	4
60-64 years	—	—	—	7	7	14	—	1	1	—	1	1
65-69 years	—	—	—	—	3	3	—	—	—	—	—	—
70 years and over	—	—	—	—	2	2	—	—	—	—	—	1
Total	1,044	726	1,770	1,044	726	1,770	747	1,001	1,748	747	1,001	1,748
Average Age	12.06	15.97	13.66	24.46	28.08	25.95	10.46	14.70	12.89	17.81	23.87	21.28

TABLE 187. — *Length of School Residence and Average Intelligence Quotient during this Admission of All Patients in Residence in State Schools on September 30, 1933*

INTELLIGENCE QUOTIENT	TOTAL			0-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.			F.			F.			F.		
0-9	106	98	204	4	2	6	-	1	1	4	3	7	3	6	9	7	6	13	5	4	9
10-19	267	174	441	24	11	35	3	3	6	13	6	19	19	9	28	20	13	33	15	3	18
20-29	274	254	528	16	13	29	9	11	20	10	7	17	11	12	23	6	22	28	26	14	40
30-39	301	289	590	22	11	33	9	17	26	5	14	19	7	15	22	12	19	31	9	10	19
40-49	429	439	868	25	15	40	11	14	25	23	29	52	28	25	53	12	26	38	15	18	33
50-59	446	525	971	26	20	46	17	26	43	40	40	80	34	57	91	34	50	84	28	24	52
60-69	304	452	756	18	17	35	14	35	47	26	54	80	48	57	105	33	40	73	14	20	34
70-79	155	186	341	18	8	26	13	12	25	16	27	43	22	29	51	12	18	30	7	6	13
80-89	27	33	60	1	1	2	2	1	1	4	1	5	3	5	8	3	3	6	1	2	3
90 and over	7	5	12	1	1	1	1	1	1	-	-	-	2	2	2	-	-	-	-	-	-
Total	2,316	2,455	4,771	155	98	253	79	118	197	141	181	322	177	215	392	139	197	336	120	101	221

INTELLIGENCE QUOTIENT	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS PLUS		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.			F.			F.			F.			F.		
0-9	34	20	54	26	20	46	9	18	27	10	7	17	1	5	6	1	3	4	-	2	2	2	1	3
10-19	56	63	119	54	25	79	20	17	37	22	12	34	11	7	18	14	3	17	4	3	5	4	2	6
20-29	64	73	137	57	47	104	26	21	47	12	18	30	15	9	24	14	3	17	4	1	5	4	3	7
30-39	76	68	144	69	68	137	31	31	62	24	21	45	18	4	22	6	5	11	9	1	5	4	3	9
40-49	112	104	216	88	83	171	41	41	82	27	49	76	24	14	38	9	9	18	6	1	10	8	7	15
50-59	141	141	282	66	82	148	29	48	77	15	26	41	6	7	13	4	2	6	2	-	2	4	2	6
60-69	94	111	205	32	63	95	14	38	52	7	15	22	2	2	4	1	2	3	1	-	1	-	-	-
70-79	42	52	94	16	21	37	6	7	13	3	5	8	-	1	1	-	1	1	-	-	-	-	-	-
80-89	8	8	16	3	9	12	2	1	3	3	1	1	-	-	-	-	1	1	-	-	-	-	-	-
90 and over	1	2	3	1	-	1	-	2	2	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Total	628	642	1,270	412	418	830	178	224	402	120	155	275	78	49	127	39	25	64	24	12	36	26	20	46

TABLE 188. — *Population of Place of Residence of All Cases in Residence in State Schools, 1933, by Mental Status*

STATE SCHOOLS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	510	398	908	19	21	40	61	33	94	70	44	114	64	52	116
Imbecile	867	856	1,723	59	55	114	120	112	232	132	129	261	93	91	184
Moron	848	1,113	1,961	64	84	148	128	194	322	131	196	327	100	93	193
Not Mentally Defective	91	88	179	8	8	16	20	22	42	10	15	25	12	7	19
Total	2,316	2,455	4,771	150	168	318	329	361	690	343	384	727	269	243	512

STATE SCHOOLS	50,000-99,999			100,000-249,999			250,000-499,999			500,000 Plus			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	45	41	86	129	85	214	-	-	-	120	119	239	2	3	5
Imbecile	76	65	141	173	188	361	-	-	-	209	212	421	5	4	9
Moron	60	94	154	184	252	436	-	-	-	177	196	373	4	4	8
Not Mentally Defective	8	5	13	18	19	37	-	-	-	14	12	26	1	-	1
Total	189	205	394	504	544	1,048	-	-	-	520	539	1,059	12	11	23

TABLE 189. — *Present Age of Cases under Treatment, Cases Discharged and Cases Dying, 1933, by Mental Status and Sex: Discharge and Deaths Rates per 1,000 under Treatment*

MENTAL STATUS	PRESENT AGE DISTRIBUTION														
	ALL AGES			0-9 YEARS			10-19 YEARS			20-29 YEARS			30-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot:	510	384	894	71	38	109	216	137	353	125	106	231	54	56	110
	6	3	9	—	1	1	3	1	4	2	—	2	1	1	2
	19	15	34	4	1	5	6	8	14	4	2	6	3	2	5
Total under treatment:	535	402	937	75	40	115	225	146	371	131	108	239	58	59	117
	11.	7.	9.	—	25.	18.	13.	6.	10.	15.	—	8.	17.	16.	17.
	35.	37.	36.	53.	25.	43.	26.	54.	37.	30.	19.	25.	51.	33.	42.
Imbecile:	866	870	1,736	77	56	133	263	236	499	260	261	521	146	157	303
	23	13	36	3	1	4	11	3	14	8	6	14	—	2	2
	10	14	24	4	3	7	2	3	5	2	5	7	1	1	2
Total under treatment:	899	897	1,796	84	60	144	276	242	518	270	272	542	147	160	307
	25.	14.	20.	35.	16.	27.	39.	12.	27.	29.	22.	25.	—	12.	6.
	11.	15.	13.	47.	50.	48.	7.	12.	9.	7.	18.	12.	6.	6.	6.
Moron:	847	1,113	1,960	96	60	156	433	366	799	233	390	623	55	210	265
	51	51	102	—	1	1	28	18	46	22	22	44	—	1	7
	4	3	7	1	—	1	3	2	5	—	1	1	—	—	—
Total under treatment:	902	1,167	2,069	97	61	158	464	386	850	255	413	668	56	217	273
	56.	43.	49.	—	16.	6.	60.	46.	54.	86.	53.	65.	17.	32.	29.
	4.	2.	3.	10.	—	6.	6.	5.	5.	—	2.	1.	—	—	—
Not Mentally Defective:	93	88	181	33	10	43	30	25	55	22	29	51	7	15	22
	9	12	21	—	—	—	3	3	6	5	7	12	1	2	3
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total under treatment:	102	100	202	33	10	43	33	28	61	27	36	63	8	17	25
	88.	120.	103.	—	—	—	90.	107.	98.	185.	194.	190.	125.	117.	120.
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:	2,316	2,455	4,771	277	164	441	942	764	1,706	640	786	1,426	262	438	700
	89	79	168	3	3	6	45	25	70	37	35	72	3	12	15
	33	32	65	9	4	13	11	13	24	6	8	14	4	3	7
Total under treatment:	2,438	2,566	5,004	289	171	460	998	802	1,800	683	829	1,512	269	453	722
	36.	30.	33.	10.	17.	13.	45.	31.	38.	54.	42.	47.	11.	26.	20.
	13.	12.	12.	31.	23.	28.	11.	16.	13.	8.	9.	9.	14.	6.	9.

TABLE 189. — *Present Age of Cases under Treatment, Cases Discharged and Cases Dying, 1933, by Mental Status and Sex: Discharge and Death Rates per 1,000 under Treatment — Concluded*

MENTAL STATUS	PRESENT AGE DISTRIBUTION												AVERAGE AGE		
	40-49 YEARS						50-59 YEARS						60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot:															
Cases in residence	26	33	59	17	10	27				1	4	5	21.27	23.92	22.41
Discharges	—	—	—	—	—	—				—	—	—	19.16	17.83	18.72
Deaths	—	1	1	2	—	2				—	1	1	22.07	22.20	22.13
Total under treatment	26	34	60	19	10	29				1	5	6	—	—	—
Discharge rate per 1,000	—	—	—	—	—	—				—	—	—	—	—	—
Death rate per 1,000	—	29.	16.	105.	—	68.				—	268.	166.	—	—	—
Imbecile:															
Cases in residence	76	105	181	40	42	82				4	13	17	25.28	27.32	26.30
Discharges	1	—	1	—	—	—				—	1	1	18.63	25.61	19.52
Deaths	—	1	1	1	—	1				—	1	1	19.30	24.03	22.06
Total under treatment	77	106	183	41	42	83				4	15	19	—	—	—
Discharge rate per 1,000	12.	—	5.	—	—	—				—	66.	52.	—	—	—
Death rate per 1,000	—	9.	5.	24.	—	12.				—	66.	52.	—	—	—
Moron:															
Cases in residence	21	71	92	4	14	18				5	2	7	19.25	24.30	22.12
Discharges	—	—	—	—	1	1				—	—	—	20.04	23.57	21.81
Deaths	—	—	—	—	—	—				—	—	—	12.50	15.83	13.92
Total under treatment	21	73	94	4	15	19				5	2	7	—	—	—
Discharge rate per 1,000	—	27.	21.	—	66.	52.				—	—	—	—	—	—
Death rate per 1,000	—	—	—	—	—	—				—	—	—	—	—	—
Not Mentally Defective															
Cases in residence	1	9	10	—	—	—				—	—	—	16.00	23.75	19.76
Discharges	—	—	—	—	—	—				—	—	—	21.38	25.41	23.69
Deaths	—	—	—	—	—	—				—	—	—	—	—	—
Total under treatment	1	9	10	—	—	—				—	—	—	—	—	—
Discharge rate per 1,000	—	—	—	—	—	—				—	—	—	—	—	—
Death rate per 1,000	—	—	—	—	—	—				—	—	—	—	—	—
Total:															
Cases in residence	124	218	342	61	66	127				10	19	29	21.68	25.39	23.59
Discharges	1	2	3	—	1	1				—	1	1	19.75	23.97	21.75
Deaths	—	2	2	3	—	3				—	2	2	20.07	22.40	21.22
Total under treatment	125	222	347	64	67	131				10	22	32	—	—	—
Discharge rate per 1,000	8.	9.	8.	—	14.	7.				—	45.	31.	—	—	—
Death rate per 1,000	—	9.	5.	46.	—	22.				—	90.	62.	—	—	—

DIRECTORY OF INSTITUTIONS

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS

HOSPITALS FOR MENTAL DISEASES

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allan W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Acting Chief Executive Officer: Arthur N. Ball, M.D.

Chief Medical Officer: Karl M. Bowman, M.D.

Senior Physicians: John H. Powers, M.D.; Harry C. Solomon, M.D.; Edgerton M. Howard, M.D.; Robert Fleming, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Waldo W. Wynekeep, M.D.; Mary Palmer, M.D.; John A. Abbott, M.D.; Charles B. Sullivan, M.D.; Joseph W. Owen, M.D.; Emeline P. Hayward, M.D.

Internes: Grosvenor P. Pearson, M.D.; William F. Green, M.D.; William L. Holt, M.D.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook, B.A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Elizabeth Libber Shore.

Staff Meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P. M. and 6 to 7 P. M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, Chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park; Leopold M. Goulston, Boston.

Regular meetings: Third Monday of each month.

Acting Superintendent: Herbert E. Herrin, M.D.

Assistant Superintendent: Vacant.

Senior Physicians: Mary Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Gerald F. Houser, M.D.; Frederick LeDrew, M.D.; Winthrop B. Osgood, M.D.; Purcell G. Schube, M.D.; Ella I. Duff, M.D.

Assistant Physicians: Lillian D. Chapman, M.D.; Alberta S. B. Guibord, M.D.; (School Clinic); Sirrka E. Vuornos, M.D.; Luther F. Grant, M.D.; Margaret C. McManamy, M.D.; Carl E. Trapp, M.D.

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Rileigh, D.M.D.

Steward: Arthur E. Gilman.

Treasurer: Rose J. Covino.

Visiting days: 2 to 4 P. M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street
Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue;
West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Frederick J. Dillon, Commissioner.
Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Joseph Lewis, M.D.

Visting Days: For relatives or friends of patients, every day; For general public, every day with the exception of Sundays and holidays.

Staff Meetings: Daily, at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, Andover; Albion L. Danforth, Winchester.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Senior Physicians: Solomon Gagnon, M.D.; Henry A. Tadgell, M.D.

Assistant Physicians: H. Archer Berman, M.D.; William C. Inman, M.D.;

Velma H. Atkinson, M.D.; Doris M. Sidwell, M.D.; Guy C. Randall, M.D.

Pathologist: Charles C. Joyce, M. D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meeting: Daily, 8:00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton; Miss Jeannette C. Chisholm, Waltham.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M. D.

Assistant Superintendent: William C. Gaebler, M. D.

Senior Physicians: Gaylord P. Coon, M.D.; Frank O. King, M.D.; David Rothschild, M. D. (Pathologist).

Assistant Physicians: Anna L. Clark, M.D.; Rupert A. Chittick, M.D.; Agnes Aznive Nersession, M. D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visting days: Every day from 9 to 11 A. M. and 2 to 4 P. M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A. M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902):—

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.
 Trustees: Frederick A. Washburn, M.D., Boston, Chairman; Mrs. Grace A. Brooks, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Miss Grace Nichols, Boston; Prof. Richard T. Fisher, Weston; Fred N. Dillon, Fitchburg.
 Regular Meetings: First Friday occurring on or after the fourth day of each month.
 Superintendent: Charles E. Thompson, M. D.
 Assistant Superintendent: Henry L. Clow, M. D.
 Senior Assistant Physician: Frederick P. Moore, M.D.
 Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.; William A. Hunter, M.D.; Earl D. Dorris, M.D.; Leon W. Darrah, M.D.;
 Dentist: J. Herbert Maycock, D.D.S.
 Treasurer: Gertrude W. Perry.
 Steward: Myron L. Marr.
 Visiting days: Every day at any hour, including Sundays and holidays.
 Staff Meetings: Daily 8-9 A. M.
 Location: East Gardner, two minutes' walk from East Gardner railroad station. Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877):—

Trustees: Frank B. Hall, Worcester, chairman; Flora M. Cangiano, Hingham secretary; Ernest L. Anderson, Worcester; Winslow P. Burhow, Reading; Enos H. Bigelow, M.D., Framingham; Francis Prescott, Grafton; Rose Herbert, Worcester.
 Superintendent: Harlan L. Paine, M.D.
 Assistant Superintendent: Vacancy.
 Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.
 Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.; Max Pearlstein, M.D.; Benjamin Cohen, M.D.
 Treasurer: Susie G. Warren.
 Steward: Roy S. Shipman.
 Dentist: George O. Tessier, D.M.D.
 Visiting days: Every day.
 Visiting hours: 9:30 to 11:00 A. M.; 1:00 to 4:00 P. M.
 Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough station, North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad.
 Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896):—

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).
 Trustees: George O. Clark, M.D., Boston, Chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Walter Channing, Dover; Mrs. Eva Watson, Boston.
 Regular meetings: Second Friday of each month.
 Superintendent: Earl K. Holt, M.D.
 Assistant Superintendent: G. Allen Troxell, M.D.
 Senior Physicians: George E. Poor, M.D.; Vincente A. Navarro, M.D.;
 Assistant Physicians: John J. Slaterry, M.D.; William E. McLellan, M.D.
 Erel L. Guidone, M.D.; Grace T. Cragg, M.D.; Marjorie K. Smith, M.D.
 Dentist: Elton F. Faass, D.M.D.
 Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Staff Meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930):—

Post Office, Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: Henry S. Rowen, M.D., Brighton, Chairman; Miss Anna M. Manion, Waltham, secretary; Erwin C. Miller, M.D., Worcester; Reverend John R. McCool, East Boston; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax, M.D., Brookline.

Superintendent: Roy D. Halloran, M.D.

Assistant Superintendent: Clifford D. Moore, M.D.

Senior Physicians: Philip F. Hilton, M.D.; Malcolm J. Farrell, M.D.

Assistant Physicians: William Cohen, M.D.; Clementine McKeon, M.D.

Resident Dentist: John M. O'Connor.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff Meetings: Mondays and Thursdays — 10:00 A. M.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square. Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, Chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Henry K. Hyde, Ware, secretary; Mrs. Elizabeth Hormel, Roxbury; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Northampton.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.; Paul I. Yakovlev, M.D.; Calvert Stein, M.D.

Assistant Physicians: Lucie G. Forror, M.D.; Isador J. Karlsberg, M.D.

Dentist: Arthur R. Adam, D.M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff Meetings: Every day, except Sundays and holidays, at 8:30 A. M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Laurence D. Chapin, M.D., Springfield, Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield; Mrs. Emily N. Newton, secretary, Wellesley Hills; Mrs. Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Superintendent: Edward W. Whitney, M. D.

Senior Physicians: Albert U. Bourcier, M.D.; Elizabeth Kundert, M.D.; Rhoda U. Musgrave, M.D.

Assistant Physicians: B. Edwin Zawacki, M.D.; Kendall B. Crossfield, M.D.; Ruth M. Thompson, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven and Hartford railroads). Taxi-cab service from the station, Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854): —

Trustees: Arthur B. Reed, North Abington, Chairman, Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Attleboro; J. Vincent Thuot, M.D., New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger G. Osterheld, M.D.

Senior Physicians: H. Sinclair Tait, M.D.; Robert M. Bell, M.D.

Senior Physician (Pathology): Donald G. Henderson, M.D.

Assistant Physicians: Charles E. White, M.D.; Olga E. Steinecke, M.D.;

Samuel S. Cargen, M.D.; Abraham Stiffle, M.D.; Harold J. Tosney, M.D.

Dentist: Vacant.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visting days: Every day.

Staff Meetings: Daily, 8:15 A. M. and 1:00 P. M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post Office, Tewksbury; railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: G. Forrest Martin, M.D.; Lowell, chairman; Mrs. Nellie E. Talbot, Brookline, secretary; Robert G. Stone, Brookline; Hon. Dennis D. Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Patrick J. Meehan, M.D., Lowell; Charles A. Cronin, Lawrence.

Regular meetings: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D. —

Assistant Physicians: Charles L. Trickey, M.D.; James F. Lawlor, M.D., Carl Nelson, M.D.; Eugene E. Allen, M.D.; Charles J. Carden, M.D.; Jessie W. Robertson, M.D.; Ralph Heifetz, M.D.; Dorothy Read, M.D.; Justin L. Anderson, M.D.; Hyman J. Weisman, M.D.; George J. M. Grant, M.D.; Henry Spencer Glidden, M.D.

Dentist: Charles D. Broe, D.M.D.

Visting days: Every day from 10:00 A. M. to 4:00 P. M.

Staff Meetings: Daily at 8:00 A. M.

Location: About one-half mile from railroad and from bus line. Additional train service to Wilmington, and to Lowell, connecting with the bus line to Tewksbury.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Featick, M.D.

Assistant Physicians: Howard T. Fiedler, M.D.; Henry M. Gardiner, M.D., Henry J. Kohler, M.D.; Bessie F. Brown, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff Meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833): —

Trustees: Edward F. Fletcher, Worcester, Chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee; Worcester; Mrs. Anna C. Tatman, Worcester; George D. Morse, Worcester; Mrs. Frank Dresser, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Clifton T. Perkins, M.D.

Clinical Director: Morris Yorshis, M.D.

Assistant Physicians: Francis H. Sleeper, M.D.; Bardwell H. Flower, M.D.;

Nathan Baratt, M.D.; Arthur W. Burckel, M.D.; Lonnie O. Farrar, M.D.;

Milton H. Erickson, M.D.; Walter E. Barton, M.D.; W. Everett Glass M.D.; Minna Emch, M.D.; George H. Lavine, M.D.

Pathologist: None.

Dentist: Joseph N. Finnie, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays, 9–11 A. M., 1:30–4:30 P. M.

Staff Meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine.) The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922): —

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield, Holyoke and Amherst.)

Trustees: Theodore S. Bacon, M.D., Springfield, chairman; Edwin C. Gilbert, M.D.; Springfield, secretary; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I. Donna, Esq., Pittsfield; Mr. James L. Harrop, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: George E. McPherson, M.D.

Assistant Superintendent: Karl V. Quinn, M.D.

Senior Physicians: Charlotte A. Mitchell, M.D.; John T. Shea, M.D.

Assistant Physicians: R. Bernald Leclair, M.D.; Herbert L. Flynn, M.D.

Dentist: Roger L. Littlefield.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A. M., 1:30 to 4:30 P. M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A. M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the centre of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848): —

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president, Cambridge; Prof. Thomas N. Carrer, Cambridge; Theodore Chamberlain, M.D., Concord; Rev. Russel H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Ipswich; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M.D., Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily at 9 A. M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907): —

Post Office and railroad station, Wrentham.

Trustees: Abraham Myerson, Brookline, chairman; Mrs. John M. Morrison, Brookline, secretary; Mrs. William A. Murray, Milford; Frank J. Nerney, Attleboro; Albert J. Sargent, Foxboro; Warren J. Swett, Canton; James A. Mulhall, Quincy.

Regular Meetings: Second Thursday of every month.

Superintendent: C. Stanley Raymond, M.D.

Assistant Superintendent: George L. Parker, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; William A. Johnson, M.D.; John H. F. Connor, M. D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One half mile from Winter Street stop, Boston & Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS**FOR THE CARE OF MENTAL AND NERVOUS DISEASES**

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVE'S NERVINE, Fred B. Jewett, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester, Salisbury Street electric car from City Hall Square.

McLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R.R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Edwin S. Webster, Boston; Andrew J. Peters, Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston; Robert Homans, Esq., Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Phillips Ketchum, Esq., Boston; Hans Zinsser, M.D., Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston, on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Neils L. Anthonisen, M.D., in charge of Women's Dept., Jackson M. Thomas, M.D., in charge of Men's Dept.

Assistant Physician and Pathologist: Ray L. Whitney, M.D.

Director of Laboratories: John C. Whitehorn, M.D.

Assistant Physicians: William B. Young, M.D., John B. McKenna, M.D., Margaret R. Anthonisen, M.D.; Richard F. Slaughter, M.D.; Augustus S. Rose, M.D.

Psychologists: George E. Gardner, Ph. D., Robert A. Young, Ph. D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.D.S.

Visiting Internist: Wyman Richardson, M.D.

Staff Meetings: Tuesdays and Thursdays at 11:30 A. M.

RING SANATORIUM AND HOSPITAL, INC., Arthur H. Ring, M.D., Arlington Heights. Carriage.

VETERANS' ADMINISTRATION FACILITY, No. 95, Northampton, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; Opened May 12, 1924):—

Under control of Veterans' Administration, Washington, D.C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.

Director: Colonel George E. Ijams, Washington, D.C.

Medical Director: Charles M. Griffith, M.D., Washington, D.C.

Manager: Frank E. Leslie, M.D., Northampton, Massachusetts.

Assistant Manager and Clinical Director: Parker G. Borden, M.D.,

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff Meetings: Three each week. Time of meeting: 11.00 A. M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

VETERANS' ADMINISTRATION FACILITY, No. 107, Bedford Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; Opened July 17, 1928):—

Under control of Veterans' Administration, Washington, D.C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.

Medical Director: Charles M. Griffith, M.D.

Manager: Winthrop Adams, M.D.

Clinical Director: Walter P. Burrier, M.D.

Ward Surgeons: Arthur R. Woods, M.D.; William T. Merrill, M.D.; Julius A. Kaplan, M.D.; Cornelius J. Buckley, MD.; Aaron H. Braverman, M.D.; Charles C. Adams, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.

Chief Dental Service: Bertram H. Sawyer, (Dental Surgeon).

Consultant in Tuberculosis: Ernest D. Hatch, M.D.

Consultant in Ear, Nose and Throat: Charles D. Knowlton, M.D.

Consultant in Eye Work: Paul Chandler, M.D.

Consultant in Dermatology: C. Guy Lane, M.D.

Consultant in Surgery: Henry C. Marble, MD.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

Staff Meetings: Daily with the exception of Saturday and Sundays.

Time of meetings: 11:00 A. M.

Location: Springs Road, Bedford, Mass. One mile in from State Highway.

Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANATORIUM, INC., Harry O. Spaulding, M.D., 203 Grove Street, Wellesley. Also at Cartwright Road, Needham.

BOSWORTH HOSPITAL, Arthur Berk, M.D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

GROVE HALL INSTITUTE, George Colton Moore, M.D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES.

CLARKE SCHOOL, Miss Edith Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D.; G. Percy Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: U. Waldo Cutler, Worcester; Clerk, Robert B. Greenwood, Winchendon.

Trustees appointed by the Governor: U. Waldo Cutler, Worcester; George B. Dewson, Milton; Mrs. Abner S. McCloud, Greenfield; J. K. Dexter, Springfield; Miss Edith H. Sears, Boston.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Mrs. Arthur R. Smith, Leicester; Dr. John G. Henry, Winchendon; Mrs.

J. M. Lasell, Whitinsville; Mrs. Paul M. Hubbard, Boston; Mrs. Edward W. Hutchins, Boston; Edward F. Mann, Worcester; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; Robert B. Greenwood, Winchendon; J. Sidney Stone, Boston; Mrs. Thomas Allen, Jr., Boston; Edward G. Watkins, Gardner; Mrs. C. S. Dickenson, Baldwinville; William G. Lord, Athol; H. S. Morley, Baldwinville.

Quarterly meetings: Third Wednesday of January, April, July and October.
Superintendent: Harold C. Arey, M.D., resigned, E. St. John, M.D., under appointment.

Assistant Physicians: Fleta H. Williams, M.D., resigned, Mildred J. Hausman, M.D., under appointment.

Treasurer: Edgar L. Ramsdell, Mechanic National Bank, Worcester.

Visiting days: Every day except Sundays.

Location: Bridge Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

PERKINS SCHOOL OF ADJUSTMENT, THE, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS

WOODLAWN SANATORIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton

"KITTRIDGE FARM", Joseph Kittredge, M.D., 56 Academy Road, North Andover.

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